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Vol. I., No. 1.]

[MAY, 1899.

# The Polyclinic

BEING THE JOURNAL OF THE

## Medical Graduates' College London.



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# THE POLYCLINIC

BEING THE

## JOURNAL OF THE MEDICAL GRADUATES' COLLEGE, LONDON.

VOL. I., NO. 1.—MAY, 1899.

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## THE NECESSITY FOR A MEDICAL GRADUATES' COLLEGE.

BY SIR WM. H. BROADBENT, BART., LL.D., F.R.S.

ONE of the most striking and encouraging facts in recent professional history has been the response of the general practitioner to the scientific activity and enthusiasm which have marked the last quarter of the century now drawing near to its close.

During this period the range and depth of scientific knowledge have enormously increased, the relation between physiology and therapeutics has been brought closer, and the entirely new sciences of Pharmacology in one direction and Bacteriology in another, have been evolved. With all this the diagnosis of disease has become much more far-reaching and minute, and skill in physical examination has to be supplemented by experience in the employment of instruments of precision, and in the interpretation of their indications. The applications of chemistry to diagnosis have also become more numerous and precise, and previously unheard-of powers of the microscope, and complicated methods of staining, have been brought to bear upon the investigation of the problems presented by disease. And all this, too, not as an extraordinary and exceptional thing, but almost as a matter of routine. I need only mention as examples the bacteriological diagnosis of diphtheria, and the Widal method in the recognition of enteric fever.

But instead of being left further behind in this advance of knowledge, the family medical man has lessened the distance between himself and the consulting ranks of the profession, and has manifested a keen desire to take part in the active, intellectual and scientific movement of the day, and to obtain knowledge—primarily, of course, as a means of combating disease, but also for its own sake, and not merely for purposes of self-advancement.

Since the apprenticeship system was abandoned, the practical education of the general practitioner in the recognition and treatment of disease has for the most part only commenced when he has entered upon actual practice, except in the case of the comparatively few who have enjoyed the invaluable opportunities of an appointment as house physician or house surgeon.

Once settled in practice the young practitioner had to depend on



himself. He could not come up to his old hospital to fill up the gaps in his knowledge which he soon recognized. Under the pressure of responsibility and the stimulus of necessity, however, his education steadily proceeded, and by reading up the cases which came before him, by friendly conversation with neighbouring medical men, perhaps by an occasional consultation with a former teacher, confidence and skill were acquired, and every hospital physician and surgeon must have been astonished to see the rapid transformation of the unfledged student into the fully developed medical man, competent to deal with the different affections—medical, surgical and obstetrical—which come before the general practitioner, and ready to meet, unaided, the most serious and varied emergencies. With a high, general average of professional skill there have also always been men who, in different parts of the country, have by their energy and sagacity made positions for themselves as local consultants, and from many of these, and not infrequently, indeed, from the undistinguished country practitioner, teachers of the highest reputation have found something to learn.

It has, however, become increasingly difficult to keep pace with the development of medical science and practice. An isolated medical man cannot qualify himself for bacteriological investigation or for advanced microscopical work; he cannot command the clinical material for the acquirement of dermatological, ophthalmoscopic, and laryngoscopic skill and experience. The general practitioner of to-day, moreover, sets before himself a higher standard of knowledge and efficiency in what may be called his ordinary work. But the attainment of these several objects, manifestly, cannot be effected without considerable sacrifices of time and money, and these sacrifices he is prepared to make.

A demand has consequently arisen for opportunities of practical study in special departments of practice and of the different methods of clinical research. There ought to be no difficulty in meeting it, for nowhere can more abundant clinical material be found than in London—nowhere men more competent to utilize it. If, on the one side, there are candidates eager to learn, on the other there are well qualified men whose greatest pleasure is to teach. All that is necessary is to bring them together and to provide the technical requirements and the patients. This is the main object for which the Polyclinic has been established.

## SOME ACCOUNT OF THE FORMATION AND AIMS OF THE COLLEGE.

BY JONATHAN HUTCHINSON, F.R.S., LL.D., ETC.

“’Tis the taught already that profits by teaching.”

THE profession of Medicine demands from those who practise it extensive and detailed knowledge in a vast variety of subjects. Every year its scope is becoming wider. It is not possible, respecting much of what it is desirable that a medical man should be familiar with, that it can be supplied by books alone. Technical skill, practical familiarity with details, and, above all, what is known as “Experience,” are essential to his equipment. Nor is this knowledge of a fixed and stationary kind, which may be acquired in youth and then serve for life. In many of its departments, it is undergoing constant developments, which necessitate new studies. Although the time allotted to the education of medical students has recently been raised from four to five years, yet none familiar with the subject can doubt that it is still far from adequate for the acquisition of all that makes a medical man useful to those among whom he lives. The student’s attainments at the date of his gaining his diploma and becoming “qualified” represent a minimum, and it is most desirable that he should regard himself as a learner throughout his whole life.

It is in recognition of the truth of what has just been stated that the MEDICAL GRADUATES’ COLLEGE has been founded. Its aim is to facilitate, in all directions, the life-long education of medical men. Nor does it in this aim contemplate any one particular class of the profession, but designs its organization in the belief that such facilities are necessary to all. The arrangements of modern life have made possible schemes which in former times would have been out of the question. Medical men resident in England now easily make short visits to London and from all parts of the world come those who

are prepared for a longer stay, and who would gladly avail themselves of such opportunities as this College will offer.

I have been requested to give a few facts as to the history of our undertaking. Although there has been no absolute continuity between the post-graduate organization, which has existed for the last six years, and the present College, yet the one is the legitimate successor of the other. The experience acquired in the management of the former led some of us to see very clearly that no such institution could possibly be successful which did not possess a central home in which the greater part of its operations could be conducted. Such a home ought, it was felt strongly, to provide lecture-rooms, a museum, a reading-room and library, a laboratory, and, above all, a large clinical department for the practical study of disease. The necessity for this was discussed over and over again at the Council meetings of the original society. Although, as a body, that Council never saw its way to undertake the responsibility of such a development, there were three or four amongst us—foremost of whom I must name Dr. Fletcher Little, Dr. Theodore Williams, and Mr. Cantlie—who felt strongly that to attempt it, lay in their path of duty. From time to time we inspected many sites, and regarding one had made considerable advance, when in the spring of 1898 Dr. Little received the offer, on very advantageous terms, of the premises which the College now occupies. Here we had ready built to our needs exactly what we wanted, the only addition required being accommodation for a museum and library, and for this there was ample space. The terms of purchase were concluded in July, and possession acquired in September. The premises are central, and really supply, as regards lecture-rooms, laboratory and consultation-rooms, all that we could wish. Some of the more sanguine of us hoped to have begun work, in a quiet way, long before this, but causes of delay which were unavoidable have occurred. It was felt to be desirable to secure a wider organization than the former society possessed. Our predecessor had been based upon an association of certain special hospitals, and had not attempted any connection with the large institutions at which schools for medical students already exist. The new College has endeavoured and will continue its efforts, to associate in its work all the Metropolitan institutions, greater as well as lesser, which are willing to afford opportunities for such

combination. It is wished that it should in some sense serve as a connecting centre to the various medical institutions of the Metropolis, more especially in their relations to strangers and non-resident members of the profession. In order to conduce to this object an Office will be organized and a Journal maintained, both of which will afford information to visitors as to how they can best obtain the opportunities for observation and study for which they are in search.

The Council, upon which has devolved the final organization of the College and the arrangements for the future, contains the names of many recognized teachers, and is well representative of the several branches of the profession.

What is, perhaps, the more important half of our new Institution will be that which comes under the title of the Polyclinic. Under this head it is proposed to organize daily consultations for poor persons and those not able to pay consultation fees. These consultations will, under certain conditions, be open to all medical men who have joined the College, and will be designed for the double purpose of affording opportunities to them of becoming practically familiar with exceptional forms of disease, and with the best and most modern methods of diagnosis, and at the same time of affording valuable advice to the patients. They will be arranged in classified departments. It is not proposed to provide hospital accommodation or to undertake continuous treatment. Advice will be given with a view to its being carried out at home, or the patient will be recommended to some hospital well suited for his case. As far as possible, in this matter, the Polyclinic will seek to act in concert with private practitioners, and also with the general and special hospitals. To prevent abuse, a certificate that the patient's circumstances are such as to justify gratuitous consultation will in all cases be required. It is believed that there are many cases in which patients would much prefer to receive consultation-advice, and to remain at home, rather than be required to attend periodically at a hospital. It is proposed, by a special fund, to assist those living at a distance from London in their travelling expenses.

Invaluable as hospitals unquestionably are, it still remains an undoubted fact that by far the larger amount of medical charity is effected in the homes of the poor by private practitioners, whether in



parish appointments or otherwise. It is impossible to exaggerate the importance in regard to the interests of the public, as well financial as humanitarian, of the complete and sustained education of family practitioners. It is under their observation, in almost all cases, that the earlier stages of disease come. In but too many instances the stage at which patients resort to hospitals is one too late for cure. In two directions the POLYCLINIC hopes to reduce this evil—firstly, by increasing the diagnostic ability of private practitioners; and, secondly, by affording facilities both to them and to their patients for early consultations.

The proposed Clinical Consultations will present several distinct features of interest, concerning which it may be well to speak in more detail. It is believed that there are not a few cases in which surgeons engaged in family practice would gladly obtain for their patients the advantage of another opinion, but in which the latter are not able to afford the consultant's fee. Some of these are above the class suited for gratuitous hospital treatment, or, if not above, possibly unwilling to encounter the loss of time incident to weekly attendance in an out-patient room. For this large and important class it is proposed to provide by offering gratuitous consultations to patients, who will remain afterwards under the care of their private advisers. It is clear that this arrangement will be to the advantage of two parties—the patient and the family practitioner; and it is believed that it will be quite possible to guard it against abuse, and thus to sufficiently protect the interests of consultants. This class of patients has hitherto been allowed to fall between two stools;—not possessing the poverty qualification for hospital treatment, and yet not being sufficiently wealthy to pay consultation fees—in but too many instances invaluable time is lost before, under the pressure of advancing disease, a second opinion is finally obtained. It is obvious, at the same time, that from this class, by a sort of natural selection, most valuable material for clinical teaching may be obtained. Few or none of the cases will be trivial, and but little time will be occupied by the observation of commonplace facts. All the consultations will be in public so far as those are concerned who have entered for this part of the Polyclinic scheme, and opportunities, perhaps hitherto unequalled, will be afforded for obtaining familiarity with most of the more rare forms of disease. Nor will these oppor-

tunities be allowed to pass without affording some permanent record, for it is designed to carry out a system of note-taking which will gradually accumulate a mass of most valuable clinical material. The services of a photographer and an artist will, it is hoped, be constantly available.

The close juxtaposition of a clinical museum and library, containing portraits of disease and illustrated books of reference, will add much to the value of these consultations, allowing to the consultant and his class ready opportunities for comparing the pictorial record with the conditions displayed in the living patient. I may, perhaps, be permitted to add that the facilities afforded for the prompt illustration of patients by portraits at my own Clinical Museum has been, I believe, one of the chief attractions to my demonstrations there.

The museum and library will present some important features more or less novel. They will be combined, and the library will be arranged on the open principle. The "Extract Books," in which during the last few years selections from the current journals, &c., have been arranged, are for the present, at least, placed on our shelves, and great attention will be paid to the endeavour to make current literature easily accessible. In connection with this department it is proposed to appoint standing sub-committees on special subjects for the systematic collection of evidence respecting them. The subjects at present in contemplation to be undertaken in this way are Leprosy, Yaws, Tuberculosis, and Geographical Pathology. The design will be in each of these to collect not only printed papers and pictorial illustrations, but also to encourage visitors from foreign countries possessing special knowledge to place themselves in communication with these committees.

I hardly know whether it is desirable to attempt any reply to those objections to our scheme which may possibly be raised. No one cognizant of the facts, and of the many and varied interests concerned, will be sanguine enough to expect that a new institution of this kind could be developed without giving occasion to anxieties in some directions as to injurious competition. I will venture to allude to a few such criticisms, the expression of which has reached me.

It has been suggested that the need for funds felt by the hospitals already existing is such as to make it a matter of regret that a new

competitor should appear. In reply to this we may say conclusively that we do not organize a new hospital; that our demands upon the contributions of the benevolent will be but small; and that we aim to reduce the need for hospital accommodation by increasing the efficiency of the treatment which the poor will receive at their own homes.

At the present rate of advance of the British population, it may be expected that every half-century will *ceteris paribus* require the hospital accommodation to be doubled. By far the best means of preventing such a demand is to increase the efficiency of home-treatment, and to do this, is the definite aim of the MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.

The suggestion that we may in any degree reduce the teaching material available at the established schools scarcely needs to be refuted. The supply of such material is, unfortunately, at present far too large for use, and it is certain to go on increasing with an augmenting population. No institution need entertain the slightest jealousy of another on this score, and, besides, our College will not detain any patients under its own care. All those suitable for hospital relief, and requiring it, will be at once passed on to the institutions best suited for them. Our own arrangements will be for consultations and advice only.

The fear which has been expressed that we may come to be regarded as in some way superior to other larger and time-honoured institutions, implies so high a compliment to our proposed organization that I have great pleasure in recording it. I do so, however, without venturing in any degree to accept it. The laurels of Guy's, St. Bartholomew's, and their sister institutions are well assured, and beyond a little healthy rivalry as to which can best promote the cause in which all are engaged, there can never be any sort of competition between us and them.

I come last to the criticism which appears to me to have more of real foundation than any of the others. It is that the admission to gratuitous consultation of patients sufficiently well-to-do to be able to remain under home-treatment is a dangerous extension of medical charity, and may be prejudicial to the interests of junior consultants. This risk has been from the first foreseen, and its reality acknowledged. It is, however, after all, one which all forms of hospital

relief are open to, and from which it is not thought to be impossible to guard our own. Certificates of fitness will be required, and all consultations will be conducted in public. As already urged, we believe that there is a class of the community, and possibly not a small one, unsuitable for the dispensary or hospital, and yet well deserving of sympathy when consultation fees are in question.

It may be fairly alleged as regards the interests of the junior members of that part of the London profession aiming at consultation practice, that the success of our institution will, in the long run, be greatly to their advantage. Although our aim is to develop medical education, and to increase the efficiency of the profession as a whole, rather than to subserve the emoluments of any, yet it will be obvious that if we succeed in making London a more attractive professional centre, it will be to the profit of those engaged in teaching. Our class-rooms, if we succeed in filling them, will require the services of a large staff, and our consultations, whilst they will offer possibly unequalled opportunities for securing extended experience, will also develop skill in clinical exposition, and may conduce to the personal repute of those taking part in them.



## THE MEDICAL PRACTITIONER AS A STUDENT.

BY WM. MILLER ORD, M.D., F.R.C.P.

THE necessity for the establishment of courses of practical instruction in all departments of medicine and surgery for the benefit of Medical Graduates has been forcibly brought before me by my experience of teaching during many years. Forty or fifty years ago, after studying at a hospital, a medical student could proceed to the Royal College of Surgeons, and could receive his diploma after four *mauvais quarts d'heure* of *virâ voce* examination. The ordeal was very trying for the candidate, but, in the absence of any written or technical test, could hardly be regarded as sufficient. The licence of the Society of Apothecaries could be obtained in the same way. Even then it was found that the time of study was sufficient to give to the student only a very imperfect opportunity of acquiring due knowledge, still less of acquiring such training and practical skill as would fit him, as diplomate, for successful, and, in fact, for safe practice. Since that time it has been found necessary to extend the period of study, first to four years, and then to five; and a candidate for the M.R.C.S. is now usually also a candidate for the L.R.C.P., having to pass long written and *virâ voce* examinations at several successive periods during and at the end of studentship. In those earlier days our armament of diagnosis was not very extensive. The stethoscope had been introduced, but had only undergone partial development. It was no longer, indeed, the same hollow cylinder of wood of equal breadth throughout, which had led a distinguished hospital physician, with a great leaning to physics, to mistake it for an instrument for optical use. The ophthalmoscope was in the hands of only a very few highly skilled and advanced observers; the microscope was regarded either with awe as an instrument to be left in purely scientific hands, or as more or less of a toy in those of the student. Subsequently, while the use of these appliances became more and more extended, we had, one by

one, the addition of new apparatus of observation, such as the laryngoscope, the clinical thermometer, the spectroscope and the sphygmograph, until we have now a vast array of "scopes," "meters," and "graphs," more or less useful and necessary to the complete carrying out of diagnostic processes on almost as many lines.

Such profusion and variety of instruments of observation have been naturally associated with the development of special lines of study and practice. Forty years ago our hospitals mostly contained an ophthalmic ward, a ward for diseases of women, and perhaps one or two wards for infectious diseases. They had sometimes special outpatient departments for the diseases of the chest and of the skin. Nowadays every hospital has not only its ophthalmic department, which often rises to the dignity of a hospital within a hospital, but its skin department, its department for diseases of children, for the diseases of the throat, the nose, and the ear, its electrical department, mostly associated with an X-rays offshoot or department, all involving special technical manipulations.

It is, of course, absolutely impossible that facility in the skilled application of these many and varied instruments of precision can be acquired by a student during his time of pupilage. Fortunately, with the growth of appliances, there has coincided the growth of the departments already noted, and each department offers posts for the employment of many students within a short time after the attainment of their diplomas.

But two necessities clearly follow from this development of technical apparatus:—

(1.) A steady increase in special practice, which seems to be a natural result of this wide evolution.

(2.) The resort by all medical practitioners, whether in town or country, to sources of instruction which may enable them to keep up with the progress of the day.

Diligent men may, by careful and wide reading, keep themselves abreast of the day's knowledge, but the instances must be few in which individuals can acquire a practical and useful skill in the working of all the numerous new methods. It follows that facilities should be afforded to medical men engaged in practice of acquiring, from time to time, fresh knowledge and skill both as regards general medicine and surgery, and also in the various special departments of investi-



gation and practice. We have started with the recognition of the fact that a great deal of what is indispensable cannot be acquired during pupillage. To quote the experience of one hospital, with which the writer is well acquainted, it may be stated that in the early seventies it was found that many recently qualified men coming from America and Canada sought to gain knowledge and experience by post-graduation study in the hospitals of London. An arrangement was then made by which qualified medical men from across the Atlantic should, for a very moderate fee, be allowed to attend the lectures and practice in that hospital. A considerable number of such men availed themselves of the opportunity, and no inconsiderable proportion of them have in later years shown that the opportunities which were placed in their hands have been well utilized.

At the end of the century the demand for post-graduation instruction has, of course, become both wider and more urgent, and this College and Polyclinic have been instituted in part to meet the demand, and in part to remind practitioners of the need, not only of polishing the instruments they already possess and of keeping them in thorough order, but of adding to their arsenal many others, without the use of which they must be left behind in the race. These are no golden apples of Atalanta whereby the race is hindered. Properly used, they will add strength and swiftness to the agonist.

The scheme of Post-Graduation Teaching now established will be found to offer large opportunities of self-improvement along many lines of work. The whole plan is framed to insure practical instruction in all departments. Those who will occupy the position of teachers, and those who come for instruction, will work side by side assuredly to the benefit of both. The system will be such as to find out the exact needs of the seekers for instruction, and it cannot fail to result that there will be much reciprocal interchange of knowledge and experience. Personally, the writer can say that, in the course of a long pursuit of post-graduation teaching, he has been as great a gainer from the process as any of those who came to study with him. The proverb "*Docendo discimus*" is as true as ever.

## COLLEGE NOTES.

THE number of medical practitioners who have joined the College as original subscribers is now upwards of 450. The present terms of subscription will remain in force until the registration of the College, but after that date the list of original subscribers will be closed.

\* \* \*

THE registration of the College under the Companies' Act gives to it a definite corporate existence, and entitles the Council, amongst other privileges, to "receive donations, endowments, subscriptions, and legacies." The Council will be glad to exercise this privilege at the very earliest date, and to the fullest possible extent.

\* \* \*

THE position created by the act of registration so far as individual subscribers are concerned is as follows. All the original subscribers enjoy, and will continue to enjoy, the use of the museum, reading-room, and library, and the right to attend the afternoon consultations. Those who wish to become members must express, in writing, their desire so to do. Membership, for legal reasons, necessarily carries with it a small liability (limited to ten shillings) in addition to the annual subscription. This liability can, of course, only become operative in the event of the College being wound up with a balance on the wrong side—a most unlikely contingency. Membership confers the right to attend and vote at the general meetings of the Association, and qualifies the holder for election to the Council. In short, a member enjoys all the benefits of the franchise, whilst the possibility of taxation is extremely remote, and even if realized, is the reverse of serious.

\* \* \*

As intimated in detail in the Syllabus, the practical classes and courses of lectures announced for the ensuing Summer Session will be opened in the first week of May. Entries for the various courses may now be made by application to the Medical Superintendent at the College.

\* \* \*

THE Clinical Consultations, which it is anticipated will form a most useful and attractive feature of the scheme, and which justify the

adoption of the term Polyclinic, are, during the month of May, to be held on Tuesdays, Thursdays, and Fridays, at 4 P.M. It is probable that this experience will enable the details of organization to be sufficiently completed to allow of the complete plan being put into operation by the beginning of June, and consultations then to be held daily. Members before sending patients to the Polyclinic should, if possible, notify the Medical Superintendent. No patient will be admitted unless certified as suitable by a medical practitioner, and all communications relating to diagnosis and treatment will be made, not to the patient, but to the medical attendant in charge of the case.

\* \* \*

THOUGH the formal opening of the College does not take place until next month, it was deemed advisable to test the proposed arrangements by holding a few more or less informal consultations prior to the official programme. The first of these took place on April 20th, and allowing for the difficulties necessarily attending the first step in a new departure, must be pronounced to have been a decided success. An attendance of some seventy medical practitioners is, in itself, an evidence of the reality of the demand for the provision of increased clinical opportunities for men in practice.

\* \* \*

THE honour of introducing the first patient on the medical side fell to Dr. Ord. The case was a singularly complete and interesting one of Raynaud's disease, the patient having been for some years under the observation of Dr. Fletcher Little. Dr. Ord also demonstrated the case of a woman the subject of locomotor ataxia, and a third patient with an abdominal tumour, the diagnosis of which gave rise to some difference of opinion. Dr. Theodore Williams showed several patients with cardiac disease, and discussed the significance of the physical facts in each. Several members took an active part in the consultation, and the interchange of various views may be anticipated as not the least useful feature of these meetings.

\* \* \*

ON the surgical side there was much disappointment at the enforced absence of Mr. Jonathan Hutchinson. The entire responsibility for the consultation thus fell upon Mr. James Cantlie, who had to undertake the duty at a moment's notice. The

cases included epithelioma of the tongue, cicatricial deformities following burns, lymphadenoma, enlarged spleen, tubercular abscess, chronic eczema, secondary syphilitic eruption, &c.

\* \* \*

MEMBERS have already received cards of invitation for the *Conversazione* on Monday, May 1st, from 9 to 12 P.M. There is to be an exhibition of microscopic slides and other objects of interest. Music and smoking are to be the less serious features of the evening.

\* \* \*

THE Reading-Room is now open to members. On the tables will be found the usual professional periodicals and a number of standard clinical atlases. The growth of the Library must necessarily be a work of time, but a considerable number of valuable works are already on the shelves, and these will soon be increased. The most recently published works will be secured by a subscription to Lewis's Library, which will give the right to the use of twenty volumes. Contributions of books, periodicals, or pamphlets to the Library and Reading-Room will be welcomed. They should be addressed to Dr. Boyd Joll at the College. Dr. Joll has consented to act as Honorary Librarian.

\* \* \*

THE Library Committee acknowledges, with thanks, the receipt of a large number of books and periodicals from Mr. Jonathan Hutchinson; also of several books and magazines from Dr. StClair Thomson.

\* \* \*

IN addition to the classes named in the syllabus, several others will, in all probability, be shortly announced. The laboratory is in process of equipment, and arrangements are in progress for securing practical instruction in the application of the Röntgen rays and in the administration of anæsthetics. It will be the object of the Council to provide, as far as possible, for all the requirements of post graduation study.

\* \* \*

THE Museum is to be erected on the piece of vacant ground adjoining the College. Plans have been prepared, and the building operations will commence very shortly. The museum is to have for its main object the illustration and direction of clinical and practical work, and a large number of objects likely to promote these ends have



already been promised to the Council. The new building will accommodate the reading-room and library, as well as the museum. This will set at liberty two more rooms for class purposes, and in all probability this extra space will soon be urgently wanted.

\* \* \*

ATTENTION may be drawn to the fact that a special Course of Lectures on Teratology and Antenatal Pathology is to be given at the College early in June by Dr. J. W. Ballantyne, of Edinburgh. The course will extend over ten days.

\* \* \*

THE Inaugural Dinner of the College is announced for June 14th, when the Right Honourable Sir John Lubbock, Bart., M.P., will take the Chair. Dr. Guthrie Rankin is acting as Hon. Secretary.

\* \* \*

THIS first number of the Journal may possibly help members to understand the present position of the College, and some of its ambitions. No doubt, there are difficulties in addition to those that have already been surmounted; but these, like the earlier ones, will give way before energy and perseverance. The Council desires in a large and liberal spirit to organize in London a scheme of post-graduation study worthy of the vast clinical resources and great professional reputation of the Metropolis, and will cordially welcome help to promote this object. There is not the slightest desire to injuriously compete with any existing institution. On the contrary, the Council wishes to enter into hearty co-operation with all whose object is the promotion of scientific and practical professional efficiency. Any suggestion tending in this direction will receive full and generous consideration.

\* \* \*

ONE of the necessities of the College in the immediate future will be the possession of an official seal and motto. Perhaps some of our æsthetic and classical members will give us the benefit of their artistic taste and learned lore.

\* \* \*

COMMUNICATIONS in connection with the Journal or other part of the College scheme should be addressed to Dr. Hawthorne, Medical Graduates' College, 22, Chenies Street, W.C.

## TEACHING STAFF.

SUMMER SESSION, 1899.

## PRACTICAL CLASSES.

Medical Anatomy and Physical	{ Seymour Taylor, M.D., M.R.C.P.
Diagnosis . . . . .	{ J. Edward Squire, M.D., M.R.C.P.
Applied Anatomy and Surgical	{ James Cantlie, M.B., F.R.C.S.
Apparatus . . . . .	{ Albert Carless, M.B., F.R.C.S.
Clinical Examination of the	{ James Taylor, M.D., F.R.C.P.
Nervous System . . . . .	{ W. Aldren Turner, M.D., F.R.C.P.
Ophthalmic Surgery and Surgi- cal Anatomy of the Eye . . .	E. Treacher Collins, F.R.C.S.
The use of the Ophthalmoscope	{ W. Holmes Spicer, M.B., F.R.C.S.
and Refraction. . . . .	{ L. Vernon Cargill, F.R.C.S.
Surgical Anatomy of the Ear and Aural Operations . . .	Arthur H. Cheatele, F.R.C.S.
Clinical Examination of the Ear	J. Dundas Grant, M.D., F.R.C.S.
Surgical Anatomy of the Nose and Throat . . . . .	StClair Thomson, M.D., F.R.C.S.
Clinical Examination of the	{ Herbert Tilley, M.D., F.R.C.S.
Nose and Throat . . . . .	{ W. Jobson Horne, M.B., M.R.C.P.

## COURSES OF LECTURES.

General Ophthalmology . . .	R. Marcus Gunn, M.B., F.R.C.S.
Insanity : its medical and legal treatment . . . . .	G. H. Savage, M.D., F.R.C.P.
Morbid Conditions of the Urine and their clinical signifi- cance . . . . .	Arthur P. Luff, M.D., F.R.C.P.
Lectures and Demonstrations on Diseases of the Skin . . .	James Galloway, M.D., F.R.C.P.
Comparative Pathology . . .	Woods Hutchinson, A.M., M.D.
Antenatal Pathology . . .	J. W. Ballantyne, M.D., F.R.C.P.E.

## CLASSES IN ASSOCIATION WITH THE COLLEGE.

Practical Bacteriology . . .	Prof. Crookshank, M.B.
Pathological Chemistry . . .	Prof. Vaughan Harley, M.D.
Mental Diseases . . . . .	Maurice Craig, M.D., M.R.C.P.
Hygiene and Public Health . .	A. Wynter Blyth, M.R.C.S., F.C.S.



## MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.

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THE object of the Medical Graduates' College and Polyclinic is to increase the facilities offered to Medical Men for acquiring Technical skill and advancing their Scientific and Clinical knowledge. It will seek to accomplish this object not only by affording instruction under its own roof, but also by entering into close association with existing Hospitals, Medical Schools, and other Institutions in the Metropolis, and throughout the United Kingdom.

Commodious and central premises have been secured at 22, Chenies Street, Gower Street, London, W.C., where the following Departments are already more or less completely organized:—

I. A CENTRAL OFFICE where information relating to educational opportunities in the United Kingdom can be obtained. In connection with this office a Journal will be prepared. This will contain a programme of the current work of the College and Polyclinic, and other information likely to be of interest and value to members of the profession.

II. CLINICAL DEMONSTRATIONS.—These will take place daily, in the afternoon. Although the Demonstrations will be concerned chiefly with cases of exceptional interest, it is not intended to deal exclusively with rare diseases. In connection with these Demonstrations, Clinical Assistants will be appointed, and careful records preserved.

III. CLINICAL LECTURES.—Lectures on special subjects and cases will, with the sanction of the Council, be delivered at the College.

IV. PRACTICAL CLASSES.—These will consist of short practical courses on special subjects, such as the physical examination of the heart, lungs, abdominal and pelvic organs; diseases of the nervous system, skin, eye, ear, nose, throat, and larynx; the administration of anæsthetics, &c. The uses of surgical and medical instruments, the application of the Röntgen rays, and the operations of surgery will also be demonstrated. Special arrangements will be made for the teaching of bacteriology, hygiene, &c.

V. A CLINICAL AND PATHOLOGICAL LABORATORY.—In this Laboratory opportunities will be afforded for the acquisition of practical experience in all departments of pathological work.

VI. A MUSEUM AND LIBRARY.—The Museum will not be specially pathological, but will contain objects chiefly of clinical and practical interest, such as drawings, models, surgical instruments and appliances, instruments of research and apparatus for demonstrations. The Library will be fitted up so as to serve as a reading and writing room.

## SYLLABUS OF TEACHING.

### CLINICAL DEMONSTRATIONS.

THESE will take place daily, in the afternoon between the hours of 4 and 6; particulars will be announced at the Polyclinic, in the Journal, and in the weekly medical press. In connection with these demonstrations Clinical Assistants will be appointed.

### PRACTICAL CLASSES.

Entries for the following practical classes may now be made. Each course will extend over six weeks, and will be conducted so as to afford practical instruction to each member of the class. The number of students permitted in each class will therefore be limited, but if required, supplementary classes will be provided.

#### **Medical Anatomy and Physical Diagnosis.**

*Days and Hours* :—Monday and Thursday, 10 to 11 A.M., commencing Monday, May 8th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

This course will be illustrated on the living subject, and by specimens, diagrams, and models.

It will include :—

1. Practical instruction in the normal positions of the several organs and their various parts, and the relationship of surface anatomy to the subjacent viscera.

2. The principles and methods of medical case-taking.

3. The application of inspection, palpation, mensuration, percussion, and auscultation in the clinical study of the thoracic and abdominal viscera.

4. The use of medical instruments and apparatus, with demonstrations of methods and results. In this section will be studied the Cardiograph, Sphygmograph, Pneumograph, and records obtained by their aid; the Clinical Thermometer and Temperature Charts; the Hypodermic Syringe and its use; the Stomach Pump and Stomach Syphon; Southey's Tubes and various Aspirators; Inhalers and Intra-Laryngeal Medication; Enemata, their preparation and use; Venesection, Transfusion, &c., &c.

### **Applied Anatomy and Surgical Apparatus.**

*Days and Hours*.—Wednesday and Saturday, 10 to 11 A.M., commencing Wednesday, May 10th.

*Duration of Course*.—Six weeks.

*Fee*.—Two guineas.

**BONES**.—Mechanism; structure as bearing on fractures.

**JOINTS**.—Anatomy; dislocations and principles of reduction.

**MUSCLES**.—Grouping of muscles according to action and nervous supply; tendons, their sheaths and division points; club foot.

**ARTERIES**.—Anatomy of main arteries; points at which pressure is most readily applied; sites for ligature; collateral circulation; tourniquets.

**VEINS**.—Anatomy; venesection; varicose veins.

**LYMPHATIC SYSTEM**.—Grouping of glands; distribution of lymphatics.

**NERVOUS SYSTEM**.—Brain, and the localization of cranial lesions; the convolutions, centres, origins of cranial nerves, vascular supply, relations to surface of skull, trephining. Cranial nerves, anatomy, diagnosis of lesions affecting. Spinal nerves, their area of supply; localization of spinal lesions; laminectomy; operations for spina bifida.

**REGIONS**.—Cranium; orbital, nasal, oral, and aural regions and cavities. The thoracic, abdominal, and pelvic cavities, and the relations of the viscera to surface anatomy. Limbs, the surgical

anatomy of. Fractures, their anatomy, and principles of treatment.  
The surgical anatomy of hernia and the genito-urinary organs.

Bandaging. Application of splints. Surgical instruments.

### **The Methods of Investigating Cases of Disease of the Nervous System.**

*Day and Hour*:—Friday, 2 to 3 P.M., commencing Friday, May 12th.

*Duration of Course*:—Six weeks.

*Fee*:—One guinea.

The anatomy and physiology of the nervous system.

Brain and spinal cord topography.

Functions of the brain and spinal cord.

Family history in nervous disease.

Personal history and habits in nervous disease.

Condition of the patient at the time of examination.

General Appearances.—Unsteadiness, tremor, deformities, pallor, nervousness, &c.

Gait.—Spastic, ataxic, hemiplegic, functional disturbances.

Spontaneous Movements.—Choreiform; athetoid; tremor.

Speech defects.—Articulatory; aphasic.

Motor Symptoms.—Paraplegia; monoplegia; hemiplegia; cranial nerve paralyses; isolated paralysis of spinal segments; isolated paralysis of spinal nerves; general neuritis; electrical testing.

Sensory Symptoms.— Spontaneous sensations; impaired sensibility, common; for pain, for heat and cold; perverted sensibility, allocheiria, &c.

Special Senses.— Smell; taste; vision; ophthalmoscopic appearances; hearing.

Trophic symptoms.

Cases illustrating different types of nervous disease.

### **Ophthalmic Surgery and Surgical Anatomy of the Eye and its Appendages.**

*Day and Hour* :—Wednesday, 1.30 to 3.30 P.M., commencing  
Wednesday, May 10th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

Lantern slide demonstrations of the anatomy of the parts concerned, and the changes produced in various ophthalmic operations. Description of operations for relief of ptosis, entropion, ectropion, tarsal cyst, lachrymal obstruction, squint, pterygium, foreign bodies in the cornea, conical cornea, glaucoma, cataract; also of the operations of tattooing, enucleation, and evisceration. Opportunities will be afforded for the performance of operations on animals' eyes at the conclusion of each demonstration.

### **The Use of the Ophthalmoscope, and Refraction.**

*Days and Hours* :—Tuesday and Friday, 9 to 10 A.M., commencing  
Tuesday, May 9th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

Optical principles, examination by focal illumination, the eye considered as an optical instrument. The refraction of the eye: accommodation, convergence. Testing the form sense, light sense, and colour sense. The optical principles of the ophthalmoscope. Methods of using the ophthalmoscope: with the mirror alone, the indirect method, the direct method. Retinoscopy. Abnormalities of refraction: hypermetropia, myopia, astigmatism, presbyopia. The movements of the eyeballs and their anomalies. Binocular vision, heterophoria, strabismus. The field of vision.



### **Surgical Anatomy of the Ear and Temporal Bone and Aural Operations.**

*Days and Hours* :—Monday and Friday, 5 to 6 P.M., commencing Monday, May 8th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

Anatomy of the ear in the fœtus, child, and adult. Operations on the auricle and meatus. Operations on the membrana tympani and ossicles. Opening the antrum. The radical operation, &c.

### **The Clinical Examination of the Ear.**

*Days and Hours* :—Monday and Friday, 6 to 7 P.M., commencing Monday, May 8th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

Illumination, mirrors, specula, otoscopes; syringing, cleansing, and drying the external ear; the examination of the drum; Siegle's speculum; examination of the tympanic cavity; the mastoid region; the external ear in children; the nose and pharynx. Tests for hearing in their relation to diagnosis. The use of Politzer's bag, the Eustachian catheter, the tuning fork, and other apparatus for diagnosis and treatment.

### **The Physiology and Surgical Anatomy of the Nose and Throat.**

*Days and Hours* :—Monday and Thursday, 2 to 3 P.M., commencing Monday, May 8th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

The nasal fossæ, their walls, mucous surfaces, nerves, blood supply, &c. The accessory sinuses of the nose, their situations, openings, relations, and the methods of their exploration. The physiology of smell and of nasal respiration. The pharynx and tonsils. The larynx. The trachea and œsophagus.



**The Clinical Examination of the Throat and Nose.**

*Day and Hour* : Wednesday, 6 to 8 P.M., commencing Wednesday,  
May 10th.

*Duration of Course* :—Six weeks.

*Fee* :—Two guineas.

The class will comprise full instruction in the examination of the throat and nose, with a view to :—

I. The diagnosis and treatment of diseases affecting the throat and nose, and

II. The elucidation of the relations which exist between diseases of the throat and nose and other diseases met with in general practice.

Cases will be shown to exemplify the diseases discussed, and for instruction in the methods of examination.

**The Use of the Röntgen Rays in Medicine and Surgery.**

Arrangements are in progress for affording practical instruction in this subject, and details will be announced as soon as the laboratory equipment is complete.

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**COURSES OF LECTURES.****General Ophthalmology.**

BY R. MARCUS GUNN, F.R.C.S.,

*Surgeon to the Royal Ophthalmic Hospital, Moorfields, &c.*

This course will consist of six lectures, to be delivered on Fridays,  
at 3 P.M.

*Fee* :—One guinea.

*Date of First Lecture* :—Friday, May 12th.

LECTURE 1.—On the external examination of the eye.

LECTURE 2.—Visual tests.

LECTURE 3.—Syphilitic affections of the eye.

LECTURE 4.—Gouty, rheumatic and tubercular affections of the eye.

LECTURE 5.—Glaucoma.

LECTURE 6.—Ocular therapeutics.

### **Insanity: Its Medical and Legal Treatment.**

BY GEO. H. SAVAGE, M.D., F.R.C.P.,

*Lecturer on Mental Diseases, Guy's Hospital Medical School.*

The class will meet on Wednesdays, at 5 P.M.

*Fee* :—One guinea.

*Date of First Meeting* :—Wednesday, May 10th.

#### **OUTLINE OF COURSE.**

Medical, social, and legal relationships of Insanity.

Forms of Insanity and their relations to allied normal conditions.

Origin of Insanity, as a disorder, as a disease of the brain, as a symptom of bodily disease.

Development of symptoms, course and termination of the disorder.

Social and legal responsibilities involved in treatment.

### **Morbid Conditions of the Urine and their Clinical Significance.**

BY A. P. LUFF, M.D., B.Sc., F.R.C.P.

*Physician in charge of out-patients, St. Mary's Hospital.*

This course will consist of six lectures, which will be illustrated as far as possible by specimens of morbid urines.

The class will meet on Tuesdays, at 2 P.M.

*Date of First Meeting* :—Tuesday, May 9th.

*Fee* :—One guinea.

Urine in health; Constituents of urine; Physical characters of urine; Normal and abnormal urinary pigments; Albuminuria; Distinction of the various urinary proteids; Glycosuria; Acetonuria; Hæmaturia; Hæmoglobinuria; Choluria; Cystinuria; Examination

of urinary deposits ; Examination of urinary calculi ; Estimation of urea, uric acid, sugar and albumin ; Examination for casts, and their significance ; Alterations in the urine ; Urine in the various forms of nephritis ; Urine in suppurative nephritis and pyelitis ; Urine in hydronephrosis ; Urine in pyonephrosis ; Urine in hydatids of the kidney ; Uræmia ; Floating kidney.

### **Demonstrations on Skin Diseases.**

BY JAS. GALLOWAY, M.D., F.R.C.S.

The class will meet on Wednesdays, at 4 P.M.

*Date of First Meeting*, Wednesday, May 10th.

*Fee* :—One guinea.

Diseases of the skin due to vegetable parasites ; the Ringworms, Favus, &c. ; recognition and characters of their fungi.

The histology and bacteriology of Eczema and its allies.

The characters of Psoriasis, Lichen planus, and Pityriasis rubra pilaris.

Tubercular affections of the skin.

Malignant growths of the skin.

The demonstrations will include practical illustrations of the various diseases, and of their microscopic and histological characters.

### **Comparative Pathology.**

Tuesday and Thursday, at 3 o'clock, commencing Thursday, May 11th.

*Fee* :—Two guineas.

BY WOODS HUTCHINSON, A.M., M.D.,

*Professor of Comparative Pathology in the University of Buffalo, U.S.A.*

I. Diseases of the Alimentary Canal, their similarities and differences in the various classes of animals. Diseases of the stomach in Carnivora. Diseases of the stomach in Herbivora. Diseases of the stomach in Mixed Feeders.

II. Diseases of the small intestine. Diseases of the various types of Cæcum.

III. Diseases of the Lungs and Chest Walls in various classes: Pneumonias; Bronchitis; Influenza; Pleurisies.

IV. Deformities of the Chest in relation to types of Respiration.

V. Diseases of the Heart and Blood: Valvular lesions; Myopathies; affections of the vessel-walls; Anæmias; Hæmoglobinuria of horses.

VI. Diseases of the Kidneys, Skin, and Appendages: Nephritis and its consequences; affections of the urine; Eczema, Acne, Psoriasis, Scabies.

VII. Tumours in Mammals, Birds, and Fishes. Analogous processes in plants.

VIII. Diseases of Genito-Urinary Organs: Cystitis; Stone; Syphilis; Menstrual disturbances.

IX. Gout in Animals and Birds.

X. Tubercle in Animals and Birds. Avian, Bovine, and Human types of Bacilli.

XI. Tubercle, Zoological distribution. Susceptibility and immunity of various classes.

XII. Types of Tubercular Disease according to Host. Methods of preventing its spread.

### **Lectures on Antenatal Pathology.**

(Congenital Diseases, Malformations, and Predispositions.)

BY J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E.,

*Lecturer on Midwifery and Gynæcology, School of Medicine, Edinburgh;  
Examiner in Midwifery in the University of Aberdeen; Honorary Fellow  
of the Glasgow Obstetrical and Gynæcological Society, &c.*

June 6th.—Lecture 1.—Definition and scope of Antenatal Pathology. Age; incidence of disease. Neonatal Physiology and Pathology. Birth; traumatism and readjustment as factors in Neonatal Pathology. The Antenatal factor in Neonatal Pathology, and in Post-natal Pathology. Relation of Antenatal Pathology to the other subjects of medical study.

June 8th.—Lecture 2.—Pathology of the Fœtus. Physiology of fœtal life. Diseases of the Fœtus and their classification. Fœtal diseases as influenced by the intra-uterine environment, the placental factor, and the embryonic factor. Diagnosis.

*1st day* June 9th.—Lecture 3.—Pathology of the Embryo: Teratology. Physiology of embryonic life. Embryonic malformations and monstrosities as influenced by embryonic physiology, the amniotic factor, and the germinal or pre-embryonic factor.

*2nd day* June 13th.—Lecture 4.—Pathology of the Embryo, continued. Classification and Diagnosis. Teratogenesis, or the causes of monstrosities. Teratogenic theories, ancient and modern. Experimental Teratogenesis.

*3rd day* June 15th.—Lecture 5.—Pathology of the Germ: Diplo-Teratology. Physiology of germinal life. Pathology of the post-conceptional, intra-conceptional, and ante-conceptional periods of germinal life. Dissolution of heredity. Etiological unity in Antenatal Pathology.

*4th day* June 16th.—Lecture 6.—Antenatal Therapeutics. Probabilities and possibilities. Treatment of antenatal morbid states in post-natal, intra-natal, and in antenatal life. Intra-uterine and intra-glandular antenatal treatment.

The lectures will be illustrated by several hundred diagrams, coloured drawings, and original photographs of antenatal and neonatal deformities and diseases.

The class fee will be one guinea.

## CLASSES IN ASSOCIATION WITH THE COLLEGE.

### **Practical Bacteriology.**

BACTERIOLOGICAL LABORATORIES, KING'S COLLEGE, STRAND, W.C.

*Director.*—Professor CROOKSHANK.

*Demonstrator.*—Dr. NEWMAN, D.P.H.

*Assistant Demonstrator.*—Dr. WILKINSON, D.P.H.

(A) POST-GRADUATE CLASS.

*Daily:*—10 A.M. to 1 P.M.; and 2 P.M. to 5 P.M.

*Fee:*—Five guineas.

The Secretary for the Colonies has intimated to the Council of King's College that, in selecting candidates for the Colonial Medical



Services, preference will be given (other things being equal) to qualified medical men who have received such bacteriological or similar special training as King's College provides.

*A Certificate is granted for this course.*

This course includes admission to the Laboratory for practical work daily for a month during term, and attendance upon a course of Demonstrations on the following subjects :—

#### SYLLABUS.

##### (a) MICROSCOPE—

Lenses—Spherical aberration—Chromatic aberration—Dry, water, and oil immersion objectives—The Stand—Ross model—Jackson model.

Illumination—Daylight and Artificial light—Abbé condenser—Microscopical accessories—Micro-photography.

##### (b) MICROSCOPICAL METHODS—

Examination of fresh specimens—Cover-glass preparations—Ehrlich's method — Ziehl-Neelsen method — Gram's method, &c.

Preparation of morbid specimens—Hardening—Embedding—Celloidin—Microtomes and section cutting.

##### (c) CULTIVATION METHODS—

Principles of sterilization—Bacteriological apparatus—Preparation of nutrient gelatine; nutrient agar-agar; glycerine agar-agar; blood serum; potato cultivations—Elsner medium.

Test-tube cultivations—Plate cultivations—Drop cultivations — Examination of air, soil, water, milk, and sewage effluents.

##### (d) BIOLOGY OF BACTERIA—

Chemical composition—Respiration and nutrition—Form—Classification—Circumstances affecting growth; products of growth—Chromogenic, zymogenic, septic, and pathogenic bacteria—Nitrification.

Ptomaines—Toxines and Antitoxines—Vaccines—Attenuation of virus — Protective inoculation — Immunity — Serum Therapeutics.

Disinfection—Antiseptics.

## (e) INFECTIVE DISEASES—

Anthrax—Symptomatic anthrax—Malignant œdema.  
 Tuberculosis—Leprosy—Actinomycosis—Madura foot.  
 Glanders—Syphilis—Beriberi—Yaws—Verruga pernana.  
 Typhoid fever—Tropical typhoid—Dysentery.  
 Swine fever—Swine measles.  
 Cholera—Relapsing fever—Malaria—Dengue—Malta fever—  
     Surra.  
 Pneumonia—Rabbit septicæmia—Chicken cholera.  
 Mouse septicæmia—Suppuration and septic complication—  
     Tropical abscess—Strangles.  
 Tetanus—Rabies.  
 Scarlet fever—Diphtheria—Small-pox.  
 Cow-pox—Horse-pox—Sheep-pox.  
 Foot and mouth disease—Pleuro-pneumonia—Cattle-plague.  
 Influenza—Plague—Yellow fever.  
 Oriental sore—Human and Bovine ringworm.

The courses of instruction are similar to those given at the Pasteur Institute (Paris), and the Hygienic Institute (Berlin).

Text-Book of the Laboratory—"Crookshank's Bacteriology and Infective Diseases."

## (B) CLINICAL CLASS.

Wednesday, 2 P.M. to 3.30 P.M. Six weeks.

Six clinical demonstrations, with practical work, will be given on Wednesdays, commencing May 10th.

*Fee* :—Two guineas.

- (1.) Micrococci—Bacillus of Anthrax.
- (2.) Tubercle and Leprosy bacilli.
- (3.) Actinomyces Fungus.
- (4.) Plague and Influenza bacilli.
- (5.) Diphtheria and Tetanus bacilli.
- (6.) Cholera bacillus—Malarial parasites.

Demonstrations will be given on each of the above subjects, and an opportunity given to every member of the class to examine sputum, &c., and to make a series of permanent preparations of the

bacteria referred to above. Each student is provided with a microscope and all materials.

### **Course of Pathological Chemistry.**

GIVEN IN UNIVERSITY COLLEGE, GOWER STREET.

BY PROFESSOR VAUGHAN HARLEY.

This class includes practical laboratory instruction in the chemical examination of the blood, saliva, urine, gastric contents, fæces, biliary concretions, pathological fluids, &c. A detailed syllabus will be sent on application.

The Laboratory is open for work from 9 A.M. to 5 P.M.

Each member of the class is given the actual material to analyze, and from the results he obtains is required to make the diagnosis, which is corrected when necessary.

Specimens of interest as they occur are demonstrated to the class.

A lecture-demonstration is given in the afternoons on the application of the results obtained by analysis in the diagnosis of disease.

The fee for the class, including apparatus and material, is five guineas.

### **Mental Diseases.**

BETHLEM ROYAL HOSPITAL FOR LUNATICS.

*Lecturer* :—MAURICE CRAIG, M.D., M.R.C.P.

Tuesdays at 2 P.M.

*Duration of Course* :—Six weeks.

*Fee* :—One guinea.

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|------|-----|--|
| May  | 9.  | Mania—Acute ; Hysterical ; Acute Delirious.                      |
| „    | 16. | Melancholia ; Hypochondriasis ; and Stupor.                      |
| „    | 23. | Delusional Insanity. Impulsive Insanities.                       |
| „    | 30. | Alcoholic Insanity. Lunacy Law.                                  |
| June | 6.  | General Paralysis.   |
| „    | 13. | Puerperal, Lactational, and Climacteric Insanities.<br>Dementia. |

## Hygiene and Public Health.

BY WYNTER BLYTH, F.I.C., F.C.S.

LECTURE I.—AIR.—Composition of air. Impurities in air. Methods of estimation of carbon dioxide. Methods of estimation of carbon monoxide. Cubic space. General laws of ventilation. Ventilators. Methods of warming and ventilation.

LECTURE II.—CONSTRUCTION OF DWELLING-HOUSES.—Varieties of Dwelling-houses. Site, and means of obtaining sunlight and breeze. General construction. Methods of excluding ground air, vapour, dampness, and rain. Rooms, and internal arrangements of house. Surroundings of house.

LECTURE III.—HOUSE DRAINAGE.—Laying of Drains. Disconnection. Ventilation. Soil Pipes. Anti-Siphonage and Ventilation. Testing Drains and Soil Pipes.

LECTURE IV.—SANITARY APPLIANCES.—Water-Closets. Slop-Sinks. Urinals. Baths. Sinks. Treatment of Waste Pipes. Gullies. Defective Sanitary Arrangements.

LECTURE V.—REFUSE REMOVAL AND DISPOSAL.—Solid, liquid, and excretal refuse. Dry Systems. Fixed and movable receptacles. Disposal of various kinds of solid refuse. Deposition. Utilization. Destruction. Separate and combined systems of sewerage. Disposal of Sewage. Clarification. Precipitation. Filtration. Irrigation.

LECTURE VI.—SOURCES OF WATER.—Town and Country supplies. Pollution. Purification. Detection of Impurities. The Law as to Water Supply.

LECTURE VII.—INFECTIOUS DISEASES.—Incubation Periods. Duration of Infectivity. Compulsory Notification. Isolation. Removal to Hospital Quarantine. School Closure. Fever and Small-pox Hospitals.

LECTURE VIII.—DISINFECTION AND DISINFECTANTS.—Deodorants. Preservatives. Antiseptics. Germicides. Chemical and Physical Germicides. Disinfection of interiors. Contained Air, Surfaces, and Contents of Infected Rooms. Treatment of various Infected Objects.

This class will be conducted at the Parkes Museum, Margaret Street, W. Date of first meeting, Wednesday, May 10th, at 4.30 P.M. Fee:—Two guineas.

### **Annual Subscription.**

THE annual subscription for qualified medical practitioners is, for the present, one guinea. This entitles to the use of the Reading-Room, Library and Museum, and admits to the afternoon Clinical Consultations.



*List of Subjects on which it is proposed to give special Demonstrations.*

Acromegaly.	Myositis Ossificans.
Acro-arthritis.	Papillomatosis Senilis.
Diseases of the Nails.	Papillomatosis Juvenilis.
The Various Forms of Gout.	Floating Kidney.
Leprosy.	Enlargement of the Spleen.
Myxœdema.	Lichen Planus.
Bronchocele.	Lupus Sebaceus.
Arthritis Deformans.	Results of Operations for Cancer of the
Osteitis Deformans.	Lower Bowel.
Raynaud's Phenomena.	"Sympathetic" Ophthalmitis.
Sclerodermia.	Xerodermia.
Rodent Cancer.	Elephantiasis.
Lupus Erythematosus.	Injuries to the Elbow Joint.
Adenoma Sebaceum.	Injuries to the Shoulder Joint.
Addison's Disease.	Colles's Fracture.
Xerostomia.	Injuries to Epiphyses.
Arthritic Iritis.	Syphilitic Keratitis.
Chronic Glaucoma.	Syphilitic Teeth.
Senile Amaurosis.	The Teeth of Stomatitis.
Results of Fractures of Neck of Femur.	Favus.
Results of Fractures of the Patella.	Ringworm.
School Ophthalmia and Pannus, &c.	Alopecia Areata.
Xanthoma.	Pityriasis Rosea.
Xanthoma Diabeticorum.	Paget's Disease of Nipple.
The Physiognomy of Inherited Syphilis.	Molluscum Contagiosum.
Keratosi Palmaris and K. Plantaris.	Molluscum Fibrosum.
Exophthalmic Goitre.	Spondylitis Deformans.
Coloboma of the Iris.	Tabetic Arthropathy.
Hare-lip and the Results of Operation.	Tabes.
Cleft Palate and the Results of Operation.	Stumps after Various Amputations.
The Results of Resection of Head of Femur.	Dupuytren's Contraction of Palmar Fascia.
Lymphadenoma.	Erythema Induratum, etc.
Results of Excision of Cancer of Tongue.	Diseases of the Testis.
Results of Excision of Cancer of Breast.	Hernia, and the Results of Operations for
Melanotic Sarcoma.	Radical Cure.

The above list of subjects is published by the Committee in charge of the arrangements for the afternoon Demonstrations, in the hope that it may induce the Members of the Polyclinic to collect cases. Those who are able to produce cases in illustration of any of them should at once communicate with the Medical Superintendent, and will be informed as to when their patients should attend. The same topics will, no doubt, be reverted to on several occasions in the future.

The publication of this list is not intended to prevent the production at any of the afternoon Demonstrations of cases belonging to any of the subjects named. All cases will, on all occasions, be acceptable; but concerning those named special demonstrations will be arranged, and the group of cases at each demonstration will form the basis of a clinical lecture by some recognized authority on the subject.



# THE POLYCLINIC

BEING THE

## JOURNAL OF THE MEDICAL GRADUATES' COLLEGE, LONDON.

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### ABSTRACT OF A CLINICAL LECTURE ON TWO CASES OF PARKINSON'S DISEASE.\*

BY THOS. CLIFFORD ALLBUTT, M.D., F.R.S.,

*Regius Professor of Physic in the University of Cambridge.*

THESE two women are good illustrations of Parkinson's disease or paralysis agitans. Each shows distinctive features of the disease, though in one there is considerable tremor, whilst from the other tremor is entirely absent. Tremor is not an essential feature of the disease, and is not infrequently absent; therefore the name paralysis agitans is not altogether an accurate one, indeed, may be positively misleading.

Both patients are over 60 years of age, and it is in elderly people that paralysis agitans is to be expected. In each you will notice that the *face* has a placid monotonous expression (Parkinson's mask), as though the patient were free from all anxiety and distress; this appearance, however, is not an accurate index of the patient's sensations. As a matter of fact, these patients suffer a good deal (1) from a sense of internal restlessness, and (2) from a sensation of internal heat. The latter has been ascribed to the incessant action of the muscles, but this is not the case, as the same symptom occurs in cases unattended by tremor.

A second point to observe is the *general attitude of the patient*. The head is bent forward, the shoulders rounded, the elbows carried

\* Delivered in the Polyclinic on Friday, July 7th, 1899. On the same occasion Professor Allbutt also showed three cases of cerebral syphilis. We hope to report the substance of his remarks on these in a subsequent number.

slightly away from the body, and the fingers drawn together so as to form a cone. There is no paralysis, but all the movements are extremely slow and deliberate, and those of speech betray the same characteristics. In some cases the voice has a distinctly piping quality also.

A third feature, and one of great diagnostic moment, is more or less *rigidity of the limbs*. In one of these women, as I shall show you, this rigidity is very decided in the muscles both of the shoulder and elbow joints. It is noteworthy that this is the case in which there is no tremor.

The *gait* in these cases illustrates the usual condition in paralysis agitans. As you observe, the patient, when asked to walk, rises very slowly and deliberately from her chair and then shuffles forward with short steps. She is not paralysed, and is not afraid to try to walk; but the muscles seem to be laboured and late in their work, and the result is this peculiar shuffling gait. It is stated in text-books that in paralysis agitans the gait is marked by "*festination*." In this condition the patient, after considerable hesitation, "dives" forward to the point which he wishes to reach, and then comes to anchor for a time before repeating the performance. When this occurs it is quite characteristic. But we must qualify the rule as stated, for *festination* is only found in the minority of cases.

The last feature of the diagnosis is the *tremor*. This is always of an equal and rhythmical character, its rate being four to five per second; it tends to be diminished rather than increased by exertion. It thus differs conspicuously from the tremor of disseminated sclerosis. The tremor is often hemiplegic in its distribution, especially in the earlier stages; but it never has the arrhythmic character of post-hemiplegic chorea, and is entirely unlike the movements in athetosis. It is a general rule that the tremor does not affect the head, but this rule is not an absolute one; in a few cases of paralysis agitans there is direct tremor of the head; not merely the indirect tremor propagated from the limbs. Perhaps the most important thing to remember about the tremor is that it is not always present. No one can doubt that each of these two patients is the subject of paralysis agitans, yet in one of them there is not a trace of tremor. From this latter patient's history we learn that four years ago she had "shaking in all her limbs"—a state of matters which continued until twelve

months ago. This is an interesting and important clinical fact, because the subjects of this condition invariably and naturally wish to know whether the wearisome tremor is likely to cease. In the majority of cases, unfortunately, this relatively happy issue is not to be looked for. But it is something to be able to introduce at least a ray of hope into the prognosis, and this case shows that such hope is sometimes justified by the event.

The remedies advised by Sir W. Gowers are Indian hemp and strychnine and arsenic in minute doses; however, he does not speak of them with much confidence. In reference to the pathology of the disease, it is impossible to say more than that the lesion is probably cortical in situation; it may be a degeneration of the nerve cells of the grey matter, or of the interdendritic substance, but this is entirely a matter of speculation.

## SOME ANTENATAL ASPECTS OF TUBERCULOSIS.

BY J. W. BALLANTYNE, M.D., F.R.C.P.E.,

*Lecturer on Midwifery and Diseases of Women, Extra-Mural Medical School, Edinburgh.*

At this time, when the medical profession everywhere is more or less actively engaged in a campaign against tuberculosis, it is manifestly a matter of some importance to consider well all the aspects of the subject. It would be bad generalship in such a campaign not to reconnoitre every part of the enemy's position; were precautions of this kind neglected, masked batteries might open fire at a critical stage in the great battle and lead to irretrievable disaster. It is therefore incumbent upon us, in our struggle against tuberculosis, to make a reconnaissance in force with a view to discover what may be the strength of the antenatal section of the hostile attacking force. In other words, it is necessary to take into account antenatal as well as postnatal tuberculosis. In a certain sense, and to a certain extent, tuberculosis is a preventable disease, for it may be possible greatly to diminish the risks of the entrance of tubercle bacilli into the human body, even if it can scarcely be hoped that the chances of



such a microbic invasion will be altogether abolished. If it were found possible to exterminate absolutely the immediate cause (microbic or toxic) of tubercle, it might then be permissible, perhaps, to neglect the question of the receptivity or unreceptivity of the body-cells with regard to that microbic or toxic cause. If there were no seed being sown, it would not matter much about the soil; but there is seed in abundance, and hence it does matter about the soil. Therefore, in any attempt to prevent tubercle, the problem resolves itself into the prevention of the incidence of tubercle bacilli upon the tissues of the body, and (since this cannot be carried out with absolute success) into the preparation of the tissues to resist the morbid action of the bacillary invaders. Now, this is not a problem of postnatal life only; it is also a problem of antenatal life, for the organism before birth is liable to the attacks of tubercle bacilli and toxins, and its tissues may likewise be more or less able to repel such attacks. Further, the antenatal side of the problem has an important bearing upon the postnatal. For this reason, therefore, if for no other, the subject is well worthy of study.

In the space at my disposal I can do little more than indicate what are some of the antenatal aspects of tuberculosis. It is possible that the organism may fall under the influence of the tubercular poison during one or other of the three epochs into which antenatal life is divided: it may be infected during the fœtal period, or during the embryonic, or during the germinal. I shall limit my remarks almost entirely to the consideration of what may be termed fœtal tuberculosis, in contradistinction to embryonic and germinal tuberculosis.

In the *first* place, it must be accepted that the fœtus may, during at least the second half of intra-uterine existence, become tubercular. This statement is supported by evidence which does not admit of doubt. Women in an advanced stage of tuberculosis have become pregnant, and have given birth to fœtuses or to infants which, soon after birth, died; tubercle bacilli have been found in the fœtal tissues, and in the placenta and blood of the umbilical vein; and inoculations of the fœtal tissues and of the placenta into rabbits and guinea-pigs have led to the development of tuberculosis in these animals. Cases have been reported fulfilling all the somewhat exacting requirements of the scientific definition of congenital tuberculosis

and removing all doubts as to the occasional occurrence of prenatal infection of the fœtus with tubercle.

The recently-observed case of Auché and Chambrelent (*Arch. de Méd. Experiment. et d'Anat. Path.*, XI., 521, 1899) will serve excellently as a type of a fully-established instance of fœtal tuberculosis. It was that of a prematurely born, but living, female infant, the product of the fourth pregnancy of a tubercular woman, forty years of age, who died three days after her confinement. It was found at the autopsy that she (the mother) had been the subject not only of far advanced pulmonary phthisis, but also of tubercular disease of the liver, spleen, intestines, mesenteric glands, and kidneys. The ovaries, Fallopian tubes, and uterus were healthy, and there were no signs of peritonitis. The other children of this woman were alive and well, but in her family history there was the record of the death of one sister from phthisis. There was no history of alcoholism. The infant, who was born between the sixth and seventh months of intra-uterine life, survived in the couveuse for twenty-six days, and then died without having exhibited any marked symptoms. It had lost weight continuously. At the autopsy no peritonitis was found, and the intestinal canal showed no tubercular lesions. In the liver, however, were numerous yellow granulations; in the spleen there were crowds of the same confluent, punctiform granulations; while in the lungs were grey, transparent, round granulations in much smaller numbers. The bronchial glands were tubercular, but the other organs had a normal appearance as seen by the naked eye. Microscopic examination revealed an excessive number of tubercles in the liver, some caseated in the centre, along with an enormous quantity of Koch's bacilli. The same condition was found in the spleen. There were no giant cells. Many bacilli were found in the pulmonary alveoli. Further, tubercular endocarditis in the right ventricle was discovered by means of the microscope. It remains to be noted that the placenta showed many tubercular granulations, some caseous at the centre and others not; the chorionic villi were in some places little altered, in others they were lost in the caseous portions; some giant cells were seen, and bacilli were present, although they were not so enormously numerous as in the fœtal organs. Three rabbits were inoculated with fragments of the liver, spleen, and lung from the infant, and these all died of generalized

tubercle, with numerous bacilli in the lesions. A piece of placenta was inserted under the skin in the case of a guinea-pig; two months later the animal was examined, when it was found that tubercular infection had occurred. Finally, two cubic centimètres of blood from the umbilical cord were injected into the peritoneal cavity of another guinea-pig without any apparent results, but the animal died nearly a year later, when it was discovered that there was tubercle of the peritoneum, mesenteric glands, liver, spleen, and lungs, with bacilli in all the lesions.

About half-a-dozen further cases, resembling that of Auché and Chambrelent, both in their clinical history and in their pathological anatomy, have been put on record by continental observers; in all of them distinctly tubercular lesions were found in the infant at, or soon after, birth. To these cases, however, it is necessary to add about a dozen more, in which, although there were no tubercular lesions in the infants at birth, there was yet good reason to believe that antenatal infection with tubercle had occurred. This belief was founded upon the discovery of the tubercle bacillus in the tissues of the infant, or upon the positive results obtained by the inoculation of animals with pieces of the organs, or upon both these data combined. The case reported by Jens Bugge (*Beiträge z. Path. Anat. u. z. Allg. Path.*, XIX., 433, 1896) is a good example of this type of antenatal tuberculosis. It was that of a woman, 39 years of age, the daughter of a phthisical mother, who had had thirteen children, of whom ten had died of tubercle and one was ill with the disease. Two years previous to the birth of her fifteenth infant she began to show signs of phthisis, and she died four days after being delivered of a female infant. The necropsy discovered tubercular changes in the lungs, liver, bronchial glands, kidneys, and intestinal canal. The placenta was not examined. The infant lived for thirty hours; it was prematurely born (second half of the eighth month), and weighed 1,820 grammes. With the naked eye no tubercular lesions were discoverable in the organs of the infant; but microscopically, bacilli were found in the blood of the umbilical vein, and, to the number of four, in the lumen of one of the small vessels of the liver. Further, blood from the umbilical vein, and a piece of the liver, were inoculated into three guinea-pigs, all of which succumbed from tubercle in  $2\frac{1}{2}$ ,  $4\frac{1}{2}$ , and  $5\frac{1}{2}$  months respectively. In this case it is probable that foetal

infection occurred late in pregnancy, possibly even in the course of labour.

In the *second* place, while cases of foetal tuberculosis have undoubtedly been met with, their number is at present very small (not more than twenty in the human subject), and their morbid anatomy differs somewhat markedly from that of instances of tubercle in the adult. A consideration of the laws which govern foetal pathology, and especially of those which have to do with the transmission of microbic or infectious diseases from mother to unborn infant, will serve to explain at once the rarity and the peculiarities of foetal tuberculosis. It is evident, that in order that germs or their toxines may reach the foetus in utero, they must be present in the blood of the mother and must pass through the placenta, for there is practically no other avenue of entrance. The ordinary mode of infection with tubercle (pulmonary and aërial) is, therefore, out of the question for the foetus. Further, it is an uncommon occurrence for the bacilli of tubercle to be present in the blood stream; they can live in it, and do so in advanced cases of general tuberculosis, but they show a tendency to escape from it and to become localized in special organs. It is not often that women showing marked and generalized tuberculosis, with numerous bacilli in the blood stream, come to the full term, or even to the seventh month of pregnancy, and when they do, it is an exception for their foetuses to be submitted to a complete and careful histological, and bacteriological examination in the pathological laboratory. Again, infants with the commencement of tubercular processes in their organs do not always succumb at, or immediately after, birth, and it may, therefore, be that some of the cases of infantile tuberculosis are really congenital. Further, it is possible that the placenta in some cases acts as a barrier to the passage of the tubercle bacilli. G. Küss is of opinion that this protective influence of the placenta exists, and adduces the cases of Lehmann and Schmorl and Kockel, in which the placentas were tubercular, and yet there were no signs of foetal tuberculosis (G. Küss, "De l'hérédité parasitaire de la tuberculose humaine," Paris, 1898). These circumstances are, I think, sufficient to explain the rarity of the reported cases of foetal tuberculosis.

With regard to the peculiarities of the pathological anatomy of the observed instances, it has to be noted that, since the bacilli reach the



fœtus by the umbilical avenue of entrance, it is to be expected that the distribution of the lesions will differ from that found when they are introduced through the respiratory or alimentary canals. Theoretically it is to be anticipated that tubercular lesions will be met with in the liver, spleen, heart, brain, &c., rather than in the lungs. There is a further reason why the lungs should not often be affected, viz., the amount of blood which passes to them is very small during the whole of fœtal life. This subject is dealt with at greater length in my article on the "Pathology of the Fœtus" (*Scott. Med. and Surg. Journ.*, August, 1899). As to the receptivity of the fœtal organs to the bacilli of tubercle, such cases as that of Auché and Chambrelent show that the tissues of the unborn infant, far from being unsuitable soil for their growth, are peculiarly fitted for their reception and development, for in the liver and spleen they have been found in such enormous numbers as to rival the lesions of avian tuberculosis.

In the *third* place, it has to be borne in mind that information is much needed on the following aspects of the problem of antenatal infection with tubercle. It is necessary that a careful examination of all fœtuses and dead infants born to women suffering from any form of tubercular infection should be made; and it is essential that this examination shall consist, not only of a microscopic inspection of the tissues, but also of inoculation experiments with the fœtal organs. Further information is also urgently required regarding the conditions which diminish the protective filtering action of the placenta. In the meantime, judging from the small amount of knowledge we possess as to the passage of other microbes through the placenta, it may be hazarded that lesions (especially hæmorrhagic in their nature) of the placental substance, the supervention of a second infection, the presence of certain poisons, such as alcohol in the maternal blood, and possibly also the prolonged propinquity of the bacilli to the placental tissues, are all conditions which favour the breaking down of the placental barrier. It would seem that a healthy placenta is, so to say, the best friend that the fœtus of a tubercular mother can have.

In the *fourth* place, cases of fœtal tuberculosis, such as those which have been referred to, are not truly examples of hereditary tubercle; they are instances of fœtal infection. The problem of true tubercular heredity belongs most probably to the germinal period of



intra-uterine life, when the specialized reproductive cells are subject to all the chemical and vital changes which are taking place in the body of the individual who bears them. As to the effect of the tubercular poison on the organism in the embryonic period of intra-uterine existence, it may be hazarded that it is teratological, and not pathological, in its nature; at any rate, the results of the action of other poisons upon the embryo, as determined by teratogenic experiments, have been shown to be of the nature of malformations and monstrosities. It will be of great importance, in the future investigation of tubercle, if the occurrence of malformations in the subjects of tubercle and in their children and relatives be noted. I have already met with cases in which the infant of a tubercular mother showed not a tubercular lesion, but a malformation; and there is on record one case, at least, in which an infant showed both foetal tubercular lesions and a monstrous development (Sarwey, *Arch. f. Gynaek.*, XLIII., 162, 1893). Much, however, yet remains to be done in the investigation of this aspect of the question of the antenatal influence of tubercle bacilli and their toxins.

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## NOTES RESPECTING SOME OF THE CASES ATTENDING IN THE SURGICAL CLINIC.

BY JONATHAN HUTCHINSON, F.R.S., LL.D.

THURSDAY afternoons, at four o'clock, have been allotted to my Clinic in Surgery and Dermatology. We have met regularly at that hour from the commencement, in April last, of the Polyclinic work, to the present date. Being wishful to give the reader a fair idea of the opportunities afforded, I purpose to mention briefly, in respect to some of the days, almost all the cases which came before us, but as the exigencies of space will not permit of my doing this in all instances, I shall append some notes of the more important cases which were presented on the other days, arranged in groups and without regard to the day of attendance. I have to express my best thanks to Dr. Lloyd, Dr. Conner, Dr. Corbet Fletcher, Dr. Harry Campbell, Dr. Savill, Dr. Guthrie Rankin, Mr. Walter Page, Dr. Abraham, Dr.

Sequeira, Mr. Hitchins, Mr. Gilford, and many others who have given invaluable aid by bringing cases of interest. Not only my own, but the thanks of all who have attended the Demonstrations, are due to Dr. Ord, Dr. Ferrier, Dr. Sharkey, Dr. StClair Thomson, and Mr. Cantlie, who, on special request, have taken part in consultations on special cases and given us the benefit of their judgment and comments.\*

*Thursday, May 4th.*

CASE I.—A girl, aged 11, the subject of lupus vulgaris of the nose, gums, and hard palate. Her parents were healthy, but two other of their children had died of tubercular affections. (Dr. Reynolds.)

CASE II.—A married man, aged 42, who had been a surgeon's assistant, and had suffered fourteen years ago from a finger-chancere. He now came to us with a deep tertiary ulcer eroding one ala of his nose. Cauterization with nitric acid was advised, and iodides internally. He attended three weeks later to show that it was well healed.

CASE III.—A woman, aged 34, severely disfigured by pustular acne of the face. Advised to touch all spots every night with an undiluted mixture of equal parts of liquor carbonis detergens and liquor plumbi diacetatis, and having allowed it to dry in, to then apply an ammonio-chloride of mercury ointment; also to take arsenic internally, and abstain from stimulants.

CASE IV.—A woman, aged 42, with rhagades between her toes, and sores on the soles of the feet. A suspicion had been entertained that the syphilis was tertiary, but I pointed out that the presence of small condylomata at the corners of the mouth pointed to recent disease, and on further inquiry as to the history, this was confirmed.

CASE V.—A policeman, introduced by Dr. Savill who demonstrated the case. The patient had had a severe fall from a cab about

\* My days of attendance will, I trust, be continued regularly on Thursdays at four o'clock, and I shall at all times be grateful to those who send important cases. Patients should attend at 3.30 p.m., and, when practicable, brief notes should be sent with them. It may interest some of my friends to know that I have practically transferred the clinical work, which for five years past has been carried on at Park Crescent, to the Polyclinic. I do not now attend at the former. In the course of time it is hoped that the drawings, &c., displayed in the Clinical Museum, and which in the past have added so much to the value of our Demonstrations, will be transferred to the Polyclinic.

fourteen months ago, and had suffered from syphilis thirteen years ago. It was not, however, certain that either of these antecedents was in any close relation with his present malady. Yet it had to be noted that the symptoms had commenced not long after the accident. He had now complete atrophy of the left deltoid, and dropped wrist with paralysis of extensors in both forearms. His supinators were in good condition, as were also most of his other muscles. He had never had any cerebral symptoms, and still enjoyed good health. The diagnosis offered was primary muscular atrophy, with probably an aggressive tendency. On a subsequent occasion, Dr. Ferrier kindly took part in the investigation of this case, and made some clinical remarks upon it.

CASE VI.—A case of *Molluscum Contagiosum* afforded an opportunity for demonstrating the molluscous bodies under the microscope, and for some remarks on the very peculiar new growths which attend the malady, and which I ventured to compare with galls on trees.

*Thursday, May 11th.*

CASE I.—A butler, aged 45, with a large patch of thickened, congested, and desquamating skin on the front of his right leg. It was as large as the outspread hand, and resembled the exfoliating form of lupus vulgaris. He attributed it to an injury which he had received twenty years before, and told us that it had been slowly spreading ever since. Recently, some similar patches, as yet of small size, had appeared on the other leg. On both legs there were little satellites near to the parent patch. There was no history of either syphilis or tuberculosis. I directed attention to the fact that it was obviously a persisting form of infective dermatitis, which spread by the agency of its own material. It differed from the ordinary type of lupus vulgaris in the entire absence of ulceration, in its very slow progress, and finally, in the tendency to a symmetrical development on the other leg. I claimed it as an example of the lupoid affection which I have described under the name of "*Mortimer's Lupus*," in Vol. IX of "*Archives of Surgery*."

CASE II.—A compositor, aged 68, in whom patches like those of psoriasis occurred on the limbs of the right side only. There was a very large patch on the back, and another on the nape, which latter also

was almost wholly on the right side. He had in addition a dry dermatitis of both palms, and suffered from what closely resembled paralysis agitans.

CASE III.—A man, aged 24, who had been for two years liable to urticaria whenever he became in the least heated. His first attack, a severe one, had been caused by eating shell-fish. I commented on the case as an illustration of “pathological habit.”

CASE IV.—A most instructive example of the form of Acromegalic hypertrophy of hands and feet which occurs in connection with thoracic obstruction. The man, who was aged 45, had for years been the subject of severe bronchial disease (Qy. fibroid phthisis). His hands were of enormous size. There was no deformity of the face, and the nails, which in true acromegaly are short, were in him both long and wide.

We were indebted to Dr. Lloyd, of the St. Giles's Workhouse, for this demonstration.

CASE V.—A woman, whose condition is shown in the appended woodcut. She is the subject of a large tumour in the right neck, which has grown slowly during more than sixteen years. It was originally supposed to be glandular. Sixteen years ago I excised from her thigh a fungating growth, which was diagnosed by the microscope as spindle-celled sarcoma. There has been no local recurrence. She had, at the time of the operation, what was supposed to be an enlarged gland under the middle of the sterno-mastoid. The tumour is now smoothly rounded and tolerably firm. It has pushed the carotid in front of it until the vessel has become subcutaneous and its pulsations are visible. There is myosis of the right pupil from pressure on the sympathetic. I drew attention to the importance of the position of the vessels as distinguishing the case from bronchocele, in which the artery is pushed backwards.

CASE VI.—An old man, with an adherent gland tumour under the middle of the sterno-mastoid. (I suspected malignancy in this case, but the swelling subsequently softened and proved to be an instance of “senile struma.”)

*Thursday, May 18th.*

CASE I.—One of the gardeners from the Chiswick Horticultural Society's Garden, to show an eruption on hands and face caused by



touching a plant (*Primula obconica*), the hairs of which are very irritating. The plant was also produced, and several who experimented on themselves sustained no injury. We were told, however, that the gardeners often suffered.

CASE II.—(Sent by Dr. Sequira.)—An infant, *æt.* 1 month, in whom a very severe bullous eruption on hands and other parts had



FIG. 1.—Case V., page 48.

appeared during the first week after birth. In the first instance the infant had been presented at a demonstration at Park Crescent, and I had then disputed the diagnosis of "Infantile pemphigus," because the bullæ were not distributed symmetrically. One hand was covered with them, and the other free. The family history was strongly negative as regards syphilis. The bullæ were large, with much redness and cedema, and the infant was very ill. I diagnosed contagious



porrigo with erysipelatous complications. The original patch had appeared on the neck. There was no general erysipelatous redness. When the child was brought to the Polyclinic, the tendency to vesicate had quite ceased, but large subcutaneous abscesses had formed in several parts, and had required incision. In the end the child quite recovered. The child's nurse had developed sores on her hands, apparently from infection, but no one in the house had had anything like erysipelas. (Compare with a fatal case recorded in Vol. IX. of "Archives of Surgery.")

CASE III.—A peculiar form of psoriasis of the limbs in a girl of 20. I diagnosed congenital xerodermia as the cause of the peculiar features. The eruption had been present only six years. The patient stated that she never perspired. (Mr. Hitchins.)

CASE IV.—(Sent by Dr. Chant.)—A woman, aged 31, in whom the nails showed peculiarities three years after syphilis. (Notes kept.)

CASE V.—An example of excoriated eczema of the navel in a young man. A mass of dried sebum as big as a hazel-nut was taken out, which had, no doubt, caused irritation.

CASE VI.—A woman, aged 47, who was brought to us by Dr. Hay Reynolds, to show the consequences of the use of the X-rays for the destruction of hair on the chin. Dr. Reynolds told us that he had had several very satisfactory cases. In the present instance the results had been, to some extent, very satisfactory, since much hair had been got rid of without injury. Finally, however, great congestion, with some vesication, had resulted, and the redness had now persisted for two years. The vesication had lasted three months, but it appeared probable that the erythema would be permanent. It was on the chin, and was very disfiguring.

CASE VII.—A very remarkable example of persistent congestion of the hands, feet, and face in association with albuminuria. The patient, a man of 54, had twice suffered from rheumatic fever, and had a damaged heart, with irregular and somewhat feeble pulse. There was, however, nothing in the state of his circulation to adequately explain the deep, reddish-blue condition of his skin in the parts named. The conjunctivæ of the lower lids, and the mucous membrane of his lips and gums, also showed a condition of vivid redness. The ocular conjunctiva was not in the least congested. His urine had a sp. gr. of 1010, and yielded a large quantity of

albumen, yet the man maintained a fair condition of general health. I do not recollect ever to have seen the mucous membranes in exactly the condition which they here presented. The limits of the congestion were such as to almost suggest a congenital nævus, but it was certain that none such was present. The diagnosis arrived at was, that a congenitally feeble condition of the capillary circulation had been accentuated by heart disease, and by the state of the blood.

The patient was brought by Dr. Campbell, who had taken great interest in his case.

Other cases shown on this day were one of Huntingdon's chorea (by Dr. Savill), and one of tumour under the sterno-mastoid of an elderly man.

*Thursday, May 25th.*

CASE I.—Sun-erythema, severe, in a girl of 22.

CASE II.—Scirrhus of the breast in a woman of 55. Sent into hospital for excision.

CASE III.—Recurrent cancer in axilla after two operations. Advised (in consultation with Mr. James Cantlie) amputation of the shoulder, removing the scapula and half of clavicle. Remarks on the advantages of this operation as removing all the axillary structures, giving free access to the root of neck, and preventing the suffering which often results in the later stages from swelling of the arm and pressure upon nerve trunks.

CASE IV.—A girl with an exceptional form of eczema-lichen (presented by Dr. Savill).

CASE V.—An elderly man with ankylosis of wrist after abscesses in forearm.

CASE VI.—A man, aged 43, brought by Dr. Harry Campbell. No history of syphilis could be obtained, but he appeared to be threatened with general paralysis of the insane. He had defective speech, loss of memory, and some elation of spirits, with ophthalmoplegia. Absence of knee-jerks, but no tabetic pains. He was the subject of a peculiar form of eruption, which we attributed to the iodides which he had taken. (Notes kept.)

*Thursday, June 29th.*

CASE I.—A very exceptional case of Adenoma sebaceum, presented by Mr. Hitchins. A woman, aged 28, had for seven years had “pimples” on her cheeks near to the alæ nasi. They had gradually extended over the face from chin to forehead, and some had appeared behind the ears and on the joints of the forearms. They were still increasing in number, but not in size. They had never inflamed or itched. They were palish in their centres, as large as shot, and very firm; some of them were almost as hard as keloid. The patient had spat blood occasionally, but was still in fair health.

CASE II.—A boy, aged 13, with a very abundant pustular eruption. Diagnosis, scabies. Several observers had searched in vain for the acarus, but from the general aspect of the eruption I refused to doubt.

CASE III.—A man, aged 28, the subject of “see-saw” orchitis. He denied having had gonorrhœa, but, on examination, the existence of a purulent discharge was established.

CASE IV.—A girl of 21 suffering from the strumous form of lymphadenoma. Two excisions had been done during the last four years, and a third was now recommended. There had never been any suppuration, and no family history could be obtained.

CASES V. AND VI.—We were indebted to Dr. Lloyd, of the St. Giles’s Workhouse Infirmary, for the opportunity of demonstrating two most interesting examples of *double* Morbus Coxæ Senilis. Both patients were men past middle age, one of them being an inmate of the workhouse. In neither was there bony ankylosis, but in both the hips were so stiff that no abduction or flexion was possible. In both the gait was a shuffle, as the limbs were in a straight position; in neither could the patient sit down, excepting in a half-reclining attitude. In one instance thick lips of bone had been formed on the upper borders of the acetabula, by which the structures in the groin were lifted forwards. The pulsations of the femoral arteries were felt by the lightest touch, and were even visible. In one of the cases the patient had himself had gout in the great toe, and in the other there was an arthritic family history. In neither, however, had other joints suffered materially. In both the disease had been slowly advancing for some years.

In commenting upon these cases I ventured to remark that it was probably the first time that two examples of so rare a condition had been examined together. I mentioned several other examples of it which I have recorded in the "Archives of Surgery," and one in particular in which the patient's first symptom was his inability to straddle his horse, after which his hips gradually stiffened until he could hardly walk. It is a remarkable fact that in most cases of rheumatic gout in the hip, whether single or double, the disease, as in these two instances, almost exclusively restricts itself to the hip. The same is true of the parallel affection in the shoulder. Yet there are always some corroborative facts as to the arthritic diathesis. I stated that I could not remember having ever seen a case of double disease of the shoulder joints. In these cases of double hip disease a suspicion of paraplegia almost always comes to be entertained. The diagnosis is a matter of much importance, and it may be of some difficulty.

*Thursday, July 27th.*

CASE I.—An extraordinary case in which a boy of 11, previously in good health, had his four limbs covered symmetrically with bullæ, and at the same time an inflamed mouth and sore lips. He had also on the left side of his trunk, coming exactly up to the middle line but not passing over it, two groups of spots arranged exactly like those of herpes zoster. These were in the condition of abortive vesicles, were not bullous, and were not attended (as is usual in zoster) by any other groups in the back or side of the chest. Some of the bullæ on the arms were as large as marbles, and all were surrounded by an abruptly limited area of deep congestion. In none did the margin of the congested patch show vesication; in every instance the bulla was central. The palms and soles, the buttocks and shoulders, were all affected, but on the trunk itself, excepting the patches described, there were none whatever. The right side of the lower lip was much swollen, and he could scarcely open his mouth. The right side of the tongue was excoriated. The eruption had begun about ten days before we saw the boy, and had been first observed on the hands. It rapidly, however, became general.

Mr. Hitchins, Mr. Pernet, and others, took part in the consultation, and the diagnosis of "herpes iris" was suggested. I remarked that I



claimed the case as illustrating opinions which I had long ago advanced, that there are connecting links between pemphigus and herpes. By herpes I mean an eruption distributed by nerves, and having a tendency to spontaneous recovery; and by pemphigus, one which may be in part neurotic, but which shows no definite nerve distribution, and which goes on from bad to worse if not cured by drugs. The differences are striking, and yet there appear to be bonds of connection. Cases of characteristic pemphigus are sometimes preceded by many attacks of herpes in the mouth. In the present case I directed attention to the fact that we had severe herpes labialis, patches on the trunk not unlike zoster (unsymmetrical), and a symmetrical bullous eruption on all the limbs.

The bullæ were not exactly those of pemphigus, for the vesication in no instance covered the whole area of congestion. I said that the sudden onset and the distribution of the eruption made me feel confident that we had to do with a neurotic eruption and not with true pemphigus. I ventured to foretell that spontaneous subsidence would follow, and that, notwithstanding its formidable aspect, the case would not run the course of pemphigus. The administration of a purgative followed by quinine was suggested.

[This lad attended on the four following weeks to show the stages of recovery. All his bullæ dried up and no new ones appeared. They were, however, rather slow in complete healing, more especially the sore on the lip, which together with the zoster-like patches on the abdomen remained for three weeks. In about a month all were well.]

CASE II.—A girl with scars on the neck from burns, two of them having developed Keloid growths. I foretold the disappearance of the keloid, and said that the younger the patient the better was the prognosis as regards early absorption. We discussed the relation of keloid growths to malignant ones, and I stated that I believed that keloid usually occurred to patients in whose families there was the history of cancer. The history in the present case gave some confirmation to this opinion. The uselessness of operations was strongly insisted upon.

CASE III.—A woman, aged 50, with a recurred nodule of scirrhus near to the scar of an excision of the breast eleven months ago. (Sent into the London Hospital for a second operation.)



CASE IV.—A woman, aged 40, with nasal polypus. In this case I requested the aid of my colleague, Dr. StClair Thomson, who explored the nostrils, and made some important remarks on the diagnosis. He said that in addition to the polypi, which were small, he found pus in the nasal passages, under conditions which made him suspect suppuration of the ethmoidal cells. He thought that the polypi were very probably secondary to irritation from this cause, and that radical treatment would be needed to prevent their recurrence. He adverted to the modern view which regards a nasal polypus as cedematous mucous tissue, rather than a new growth. This patient reminded me that ten years ago I had excised varicose veins from one of her legs, and said that she had never since had any trouble from them.

CASE V.—A stout, florid woman, aged 50, with severe dermatitis of the soles and palms of two months' duration. There was no reason to suspect syphilis, but much in regard to alcoholism. The woman frankly confessed that she was accustomed to drink as much as she could get.

CASE VI.—A fair complexioned school teacher, aged 25, with some patches on her forearms indistinguishable from lichen scrofulosorum. They were said to have been present ten weeks, and to have shown no changes. They occurred on both forearms and nowhere else. Higher up on the arms were some discrete lichen spots, all on the most delicate scale. There was no known tuberculosis in the family. Some of the spots were becoming polished. There was no congestion of the skin. The case excited much interest, and was carefully examined by Mr. Hitchins, Mr. Pernet and other authorities. We did not agree as to any diagnosis, either nominal or essential.

CASE VII.—A married woman, aged 40, whose legs and thighs were mottled all over by blood patches and stains. Her history was, that for ten years she had never been free, but that often a fresh crop would appear. The blood spots were irregular in shape, some of them more or less ringed. The blood could not be removed by pressure. The skin of the legs was almost covered with them. On the thighs they were less numerous, and some were present on the fronts of the upper extremities. There was some œdema about the ankles. (Dr. F. Mackenzie.)

Although I had at first sight, and in connection with the long history and the presence of the eruption on the upper extremities,

been inclined to another diagnosis, Mr. Pernet's observations led me to agree with him in regarding the case as one of recurring purpura. To this, the woman's statement, that although the condition was permanent, and had been so for ten years, yet it was liable to sudden and definite exacerbations, clearly pointed. She had also suffered from rheumatism. No hæmorrhages had ever occurred from the nose, gums, &c., and the pathological condition is probably one of thrombosis rather than extravasation, but followed by blood staining. Most of the patches were very different from those of true ecchymotic purpura, and instead of presenting an ill-defined blotch, allowed the plugged trunks to be traced to a certain extent.\*

*Thursday, August 3rd.*

CASE I.—A lad, aged 22, the subject of phthisis, and greatly emaciated. The point of surgical interest was that he had been, in early childhood, the subject of *double* hip joint disease. On each side his trochanter was displaced upwards and backwards, and anchylosed, and by adduction of the femora the limbs crossed each other. Walking was very difficult, and sitting only possible in a slanting position. To meet this inconvenience lordosis of the lumbar spine had resulted. There were scars of abscesses on both sides, but all sinuses had long been soundly healed. I commented on the comparative rarity of double scrofulous disease of the hip joints, and upon the remarkable recovery with symmetrical displacement, which had taken place.

CASE II.—A very remarkable example of Athetosis of the right upper extremity following an injury to the head. This case is a classical one, the patient having on different occasions been under observation by Dr. Hughlings Jackson, Dr. Bristowe, Professor Charcot, Sir Risdon Bennett and many others, and having repeatedly afforded the subject for clinical lectures. His narrative extends over more than twenty years, and begins with a severe blow on the left side of the head followed by prolonged unconsciousness, but without hemiplegia. After two years of fair health athetosis of the upper extremity on the right side set in, and persisted in spite of all treatment. Nerve stretching was tried, and finally the excision of portions of the nerve trunks (Mr. Mackellar under Dr. Bristowe's

\* See the portrait of Thrombotic purpura in "New Sydenham Society's Atlas."

advice). The shoulder muscles, however, took on the spasmodic movements, and the man has for long been under the necessity of keeping his arm strapped to his waist. The movements always cease during sleep, but begin again immediately on waking. The man is permanently disabled, but retains fair general health.

In our discussion on this case several suggested that amputation would be a relief; Professor McCall Anderson, who was present, suggested excision of the motor centre for the arm. In a subsequent conference with Dr. Hughlings Jackson, I learnt that both these measures had been frequently considered in the earlier stages of the case, and had been negatived. Amputation, it was thought, might not improbably be followed by spasm of the thoracic muscles; and, apart from its danger, an excision of the originating portion of the brain cortex might not improbably destroy speech and leave him in a worse condition than he is at present.\*

CASE III.—A boy, aged 9, who was suspected to be the subject of Addison's disease. The diagnosis was held to be doubtful, for the darkness of the skin had been noticed for two years, and yet the boy retained a fair degree of health. He was weak and looked sallow, but his pulse was not much quickened, and he still went to school as usual. It seemed clear that the deep tint was not due merely to exposure to the sun, for the darkest parts were the neck, the penis (almost black), and the cleft of the nates. There were no patches on the lips or in the mouth. I adverted to the insidious character of the early stages of this malady in many cases, and said that on the whole I was inclined to suspect that disease of the capsules was really present. I mentioned a case in which a boy of about the same age first came under my notice at a hospital as an out-patient and died a few days later. He had not previously been under medical treatment, although he had long been very dark. I obtained a post-mortem and found the capsules destroyed.

In this case Dr. McCall Anderson, Dr. Hawthorne and others joined in the consultation, and the general opinion was that the lad's state of fair health forbade a positive diagnosis of Addison's disease, although the pigmentation of the skin was highly suspicious.

CASE IV.—A woman in whom the diagnosis of calculus in the gall-bladder was suspected.

\* This patient will no doubt attend again on future occasions.

CASE V.—A man of 38, the subject of Lichen planus which was almost wholly restricted to the fronts of the legs. Only a very few, and almost doubtful, spots were present on the forearms. The patches were thickened and rough. They had been present five months, and were attended by itching.

CASE VI.—The boy whose case is detailed on p. 53, and who



FIG. 2.—Case VII.

attended to show that his herpetic pemphigus was disappearing spontaneously.

CASE VII.—On this occasion Dr. Frederic Mackenzie showed us a most interesting skiagraph illustrating an ununited fracture of the surgical neck of the humerus. The accident had occurred two years ago in an elderly lady, and had been treated in the usual way. No union whatever had occurred, and the photographs showed that the



upper end of the shaft moved freely in a hollow on the under part of the head. The patient enjoyed good use of the limb, and her deltoid was in fair nutrition. It is a fact of some clinical interest, that I had removed one of her breasts for scirrhus twelve years ago, and that she now had a small recurred nodule near to the scar. There is, however, not the slightest reason for believing that the bone was the seat of growth. On this point the skiagraph is conclusive, if indeed its assistance had been needed.

*Thursday, August 17th.*

CASE I.—A girl of 18, sent by Dr. Charles Knight, with an adenocoele in the left breast.

CASE II.—An example of Pityriasis rosea, or Gibert's pityriasis, covering the whole trunk of a very stout young man. The eruption was of three weeks' duration, and the parent patch was on the neck.

CASE III.—A stout woman, aged 50, in whom the face was puffy and tumid, after a fashion very suggestive of Myxœdema. Her hands, however, were free from swelling. Her cheeks, on their lower parts, showed a very peculiar condition of patchy stigmata, which increased the general resemblance to myxœdema. These, we were told, had been present for many years. The diagnosis as given by the patient was that of repeated attacks of "white erysipelas." Her case had, she said, been one of great interest to many medical observers. In particular, she had been the subject of a clinical lecture by Sir James Sawyer at Birmingham. Her attacks of erysipelatous swelling of the face had been "countless," and some of them severe. Usually the affection had confined itself to the face, and it had never advanced below the neck. On one occasion there had been such fear of suffocation from swelling of the neck that the tracheotomy instruments had been kept in readiness at her bedside. Her first attack was at the age of twenty, and had been one of her worst. Several times her scalp hair had fallen. Between the ages of 30 and 45 she had been free from attacks, but latterly the liability had recommenced. Any slight exposure to sun or wind would produce them. I commented upon the diagnosis from myxœdema, and upon the peculiar liability to recurrence which attacks of erysipelas involve, directing attention to the fact that in the lower extremities, and in depending



parts, scrotum, &c., they are the ordinary causes of Elephantoid Hypertrophies. There appears to be some law, which limits them to the immediate neighbourhood of the part first attacked, and in this they may occur over and over again.

CASE III.—An example of extreme irritability of the bladder and of the necessity for constant recurrence to the catheter in connection with enlarged prostate.

CASE IV.—An example of almost universal Alopecia in a boy of 9. The history was that the scalp hair had fallen in patches, which had subsequently coalesced so as to comprise on three occasions almost the whole scalp. In the intervals, the hair had been perfectly reproduced. On the present occasion a single tuft of strong hair on one side of the head was all that remained. I asked attention to the fact that this tuft was conclusive evidence that the disease was of local, and not constitutional, origin. If constitutional, the baldness would have been diffuse and symmetrical, but here we had it ending at one spot by an abrupt line of demarcation. I avowed my belief that Alopecia areata, when well marked, was always related to ringworm (*Tinea tonsurans*), either resulting from direct contagion or being a sequela of it. In the present instance it was known that ringworm had been common at the boy's school, but at no period had his own patches presented the characters of that malady; they had always been quite smooth.

CASE V.—A man with severe inflammation of his feet and ankles, in connection with his employment in a hot engine-room and prolonged standing on a hot floor. (Dr. Corbet Fletcher.)

CASE VI.—A man, aged 30, covered over all his limbs with Lichen planus. It was his first attack, and had not been attended by any itching whatever. (Dr. Corbet Fletcher.) I directed attention to the fact that the eruption on the backs of his arms was not to be distinguished from common psoriasis, and made some remarks as to the presumable affinities of the two maladies.

#### GROUPS OF CASES.

##### *Lipomatosis Universalis Asexualis (Lobengulism).*

Amongst the most interesting of the cases we have had before us were two illustrating the condition which I have described under the

LLORAN HOUSE,

MARLBOROUGH.

August 11. <sup>th</sup> 1904

Dear Sir Jonathan Hutchinson

I am sorry for delay  
but. I letter has  
been slow. I don't

think for justice. The  
end of the case  
as Dr Barcroft.

Amosbury was

in regular attendance  
the patient. was a  
long way from me  
but I remember she  
gradually lost flesh  
& died about May  
1902. I do not  
think there was  
anything

Special Meeting.  
Federal protection  
resolutions

Mr. Morris forwarded  
me 10 letters from  
Weymouth

Kind regards

Yours truly  
J. B. Morris





Feb 8<sup>th</sup> 1899

LLORAN HOUSE,

MARLBOROUGH.

Dear Mr. Hutchinson

As our hip Jockey has increased  
thenselves. She has increased  
in size & the markings  
of skin tracks are very  
much more. all over  
hips. abdomen back.  
& arms. Faculations  
fast. Heart sound full.  
She has great difficulty  
in getting up at all

It has not been  
known for 10 months.  
Can the train in any  
way account for this  
Would stop by them  
produce it. Do you  
think any person  
Victor would be of any  
use. It is a very  
common case. I am  
writing by desire of  
Dr. Kelley.

Oct. 2 nd

Dear Mr. Hutchinson

My daughter Lora  
Coley is much worse  
now. I have told S. Maurice  
and he asked me to  
write to you about her.  
We tried your & Sold  
Medicine and I took  
her to Cromer, but

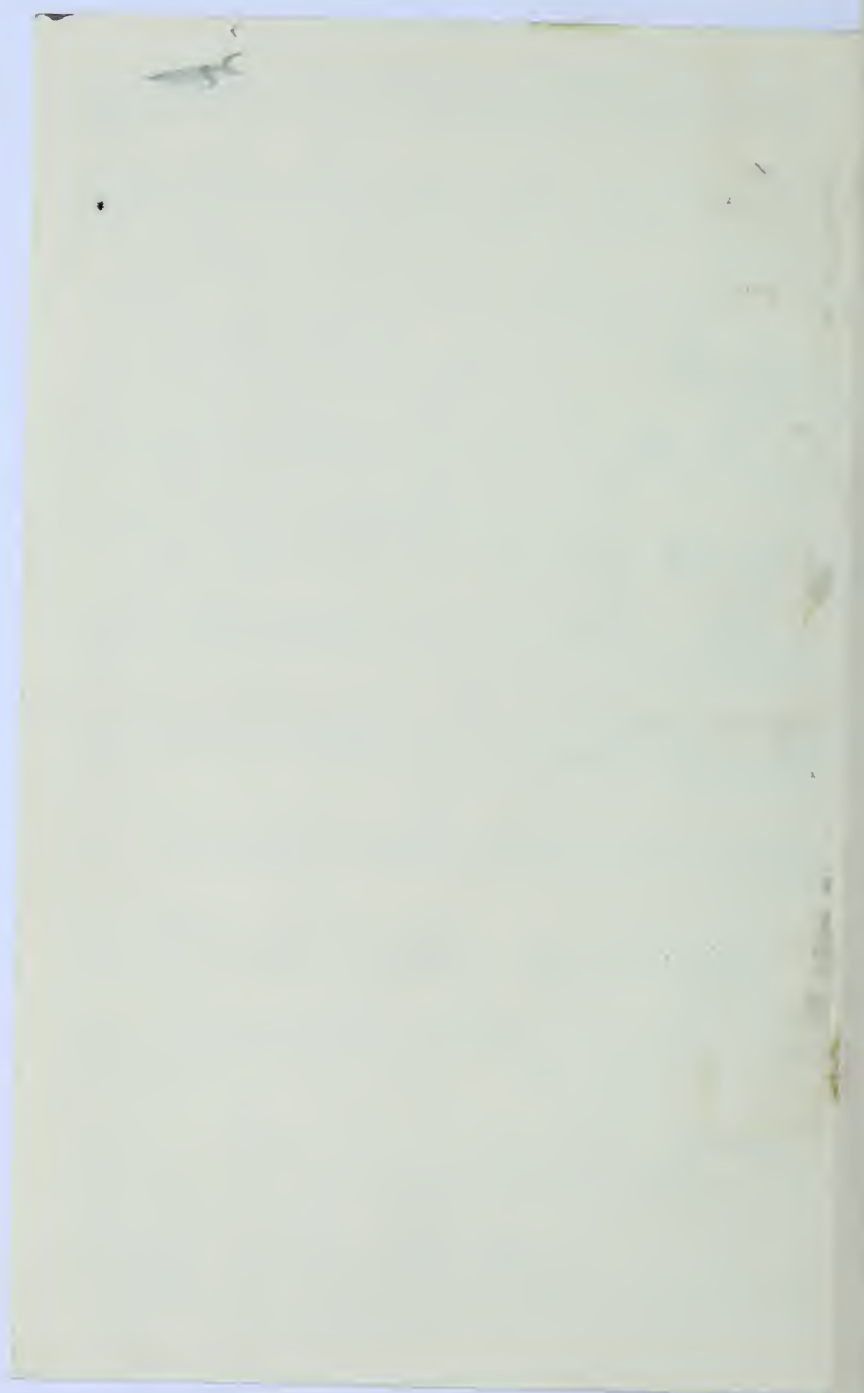
Nothing did her any  
good And since Saturday  
week she is much worse  
And has been in  
bed since Monday week -  
it hurts her to walk  
or move in her back  
& body. She has increas  
round hips since June  
from 34 <sup>inches</sup> - to 45 -  
The Dr. here say they  
do not know what

to do for her. it is too Sad  
to be here and to feel nothing  
is done for her and she  
is getting much worse  
So S. Maurice thought  
you might think of  
something. and he  
said he would come  
over and see her.

Hoping you will  
excuse my troubling  
you I remain

Yours Sincerely  
Ella Collier





name of Lobengulism in Vol. VI., "Archives of Surgery." The peculiar features of this condition are, a general increase of subcutaneous fat, in association with partial or complete abeyance of sex-function. In men, the mammary glands enlarge and the sexual appetite fails; and in women, menstruation ceases. The cases referred to were presented on different days, but it will be convenient to describe them together. The male patient was a young man of 21, of almost gigantic proportions, standing six feet two, and very stout. He was fat everywhere—face, limbs, and trunk; and large seams of atrophy had been produced in various regions by the stretching of the skin. He was quite beardless, and had large mammary glands. Although looking strong, he complained of feeling weak. He had hair on his pubes, but his sexual organs were small, and his voice deficient in tone. No opportunity occurred for inquiry as to his sex-function, and it is not suggested that it was wholly in abeyance.

In the other case, the patient was a young woman, who, formerly in good health and vigorous, had for two years been failing in strength and becoming fat. Her features were disfigured by the fatness of her cheeks, her voice was harsh, and she had ceased to be able to sing. There had been no menstruation for eighteen months. Enormous lineæ atrophicæ occurred along the borders of her armpits, and on her chest, abdomen, and thighs. Some of these were an inch or more in breadth. Different opinions had been entertained as to whether the malady were myxœdema or not, and treatment for that disease had been adopted. At my request, Dr. Ord was kind enough to join me in a consultation on the case. He agreed in the opinion I had expressed, that it had nothing in common with myxœdema. We agreed in the diagnosis (nominal) of Lipomatosis universalis, to which might perhaps be added the adjective asexualis. It may be noted that the influence of the sexual system in connection with the tendency to fatten has for long been matter of observation.

*death from exhaustion in 1902*

#### *Four Cases of Leprosy.*

During the five months included in my present report, I have been enabled to demonstrate no fewer than four cases of Leprosy. Three of these were still in an active stage, the fourth being an example of recovery. The three recent cases were all examples of the macular

*Miss  
Collins*

or erythematous form, but in one, a definite tendency to what are called "tubercles," was shown in parts, especially on the ears. One of the four was a boy (brought by Mr. Hitchins), a native of Demerara, and of mixed blood; the other three were Europeans. All had lived in leprosy districts abroad, but none knew of any exposure to risk of contagion. All had taken the ordinary food of the country, and in all instances salted fish had been one of its elements. In all, the same treatment was recommended—viz., a liberal diet with the judicious use of wine or beer, but entire abstinence from fish; as medicine, small doses of arsenic with nux vomica. In none were any precautions against contagion deemed requisite.

*Cases of the Porrigo Bullosa of Infants.*

I have mentioned at page 49 the important case of an infant (never vaccinated) in whom large bullæ formed on the hands and other parts during the first week of life. In this instance subcutaneous suppuration occurred, and the diagnosis suggested was that the inflammation was erysipelatous as well as porriginous. I use the old term *Porrigo* for what has more recently by some authors been called *Impetigo contagiosum*, but which is often bullous, and is sometimes known as infantile pemphigus.

Another most instructive example of this malady was brought before us on August 10th. The child was three months old, and would have easily been taken for the subject of inherited syphilis. The chest, arms, and face were covered with bullæ in various stages, some of them crusted, and others containing clear fluid. The eruption had been out three weeks. Vaccination had been done two months ago without ill result, and the scars were pale and healthy. In controverting the diagnosis of syphilis, I pointed out that the child was neither cachectic nor emaciated, although the eruption was abundant, that there was no snuffle, and that the mouth was sound. Attention was claimed to the fact that on the scalp the crusts presented the ordinary characters of those of porrigo, being heaped up in masses like dried honey. Also it was noted that everywhere the crusts and bullæ were more or less isolated, and left perfectly healthy skin between them. There was no eruption on the genitals, and that on the limbs was not arranged in bilateral symmetry. The mother had a sore on her cheek of the same kind, and believed to be from

contagion. The infant was not fed at the breast. In connection with this case I showed the portrait of one of the patients in an epidemic of this disease, which occurred some years ago at the St. Pancras Workhouse in the maternity ward. (*See Archives*, Vol. III., p. 206.) In that instance, for several months every infant born in the ward suffered, and many mothers had their breasts infected. It was exceedingly difficult to get rid of, although every precaution was taken to prevent contagion. None of the children died.

The treatment advised in this case was the careful removal of all crusts, and the use of ammonio-chloride of mercury ointment, of the strength of ten grains to the ounce. I insisted that the eruption was from first to last an external affection, and had nothing to do with the child's health.

#### *Eruptions from the Bites of Insects.*

Another case, which had possibly some relation to these, occurred in the person of a young housemaid, who came for three sores, two of them as large as shillings, on her right forearm. They were so abrupt that the diagnosis of factitious disease had been strongly urged. There was no trace of eruption elsewhere. From two the epidermis had peeled, leaving a congested circular area, with a little pustule in the centre. The third sore had not been a bulla, but presented an irregular crust. I ventured to dissent from the opinion that the girl had produced the vesications by blistering fluid, on the ground that only two of the three had been bullæ, and that she could not in these have produced the little central pustule which still remained. My diagnosis was that they had resulted either from contagion from a child with porrigo or from the bites of some insect, most probably the latter. The girl had a delicate skin.

In another case, a child recently had returned from the seaside with legs, back, and arms covered with papules, pustules, and inflamed patches. I diagnosed with great confidence the bites of insects, and refused altogether to accept the suggestion of either "strophulus" or "pruriginous lichen."

The opinion that the majority of cases of so-called "lichen" in children are really due to bites was strongly advocated, and I took the opportunity of remarking that the hot summer through which we have just passed had been productive of many examples of these



eruptions, not only in children, but also in adults. Fleas, gnats, "mosquitos," harvest bugs, &c., had all been especially irritating. Very often the sufferers themselves never suspect the true cause of their troubles, and not infrequently somewhat resent the suggestion.

*Cases of Rheumatic purpura (Purpura thrombotica. Peliosis rheumatica).*

Since the word "Peliosis"\* has the same meaning as purpura, it seems a pity that it should have been brought into use. The affection so designated is well known. It is the recurring form of thrombotic purpura, chiefly restricted to the lower extremities, which occurs to rheumatic subjects. A very noteworthy example of the chronic form, recurring frequently through many years, and producing permanent changes in the skin, was before us on August 3rd, and on the 10th an example of a recent and more acute form presented itself. Its subject was a man, aged 34, who gave the history that his illness had commenced with effusion into one knee-joint. Afterwards other joints were affected, and he was confined to bed for a week. A month from the beginning purpura appeared on his legs. When he came to us both legs were covered with purple patches, which were quite unaltered by pressure, and which produced some slight thickening of the skin. There were a few spots on the thighs and hips, and a few more very vivid ones on the borders of the arm-pits. I drew attention to the differences between these spots and the much more diffused blotches of true hæmorrhagic purpura, and expressed the opinion that thrombosis, and not extravasation, was the primary lesion. Treatment by purgative and quinine was advised, and the avoidance of iodides, alkalis, and salicylates. In particular, the free action of the bowels was insisted upon.

THE X-RAYS AS AN AID IN DIAGNOSIS.

In several important cases Skiagraphs have been obtained, which gave us very useful information.

One of the most important of these was that of a man, aged 50, in whom a tumour in the middle of his femur was suspected. To the

\* See "New Sydenham Society's Lexicon."



finger, a projection of hard bone was so deceptively apparent that, in spite of the negative history, I avowed a suspicion that the bone had been fractured. The skiagraph, however, did not confirm this, and did not, indeed, show anything very definite. The surface of the front of the bone, as displayed in the skiagraph, appeared to be level, although to the finger it presented a distinct ridge and elevation. The skiagraph and the patient have been confronted on two subsequent occasions, and all agree that the impression given to the finger differs much from what the former shows. I do not know how to explain the discrepancy with confidence, but have suggested that there may be blood between the periosteum and shaft which, as is well known in the case of skull injuries in children, often gives a most deceptive resemblance of fracture with depression. Although the real nature of the case is as yet in much doubt, it may be well to record the history now. The skiagraph is, of course, preserved. The patient is a stableman, who was kicked by a horse six weeks before he was brought to us. The kick was a violent one, and was received on the outer side of the thigh. Although in great pain, the man resumed his occupation next day. He had in the first instance been taken to a hospital and had a bandage applied. Great swelling had been present from the first. After three days at his work he was obliged to keep his bed. He remained in bed a month (without splints), and at the end of that time got about again. He was still in pain when he came to us a week later, but able to walk fairly well. There was no shortening nor any alteration of the axis of the shaft. My suggestion was that the sideways kick had detached a portion of bone from the front of the shaft, but this, as already said, the skiagraph did not show.

In another instance we have had repeatedly under observation a boy, with a skiagraph of his left fore-arm, showing the position of the bones after union of a fracture of both. The important feature in his case is that the ulnar nerve was injured in the accident (which was a *compound* fracture of the ulna), and has not recovered. The ulnar territory is still almost absolutely without sensation, and the ulnar muscles wasted. There is no pain and no defect in nutrition, and, as some little evidence for returning sensation is present, we have not as yet recommended any dissection for freeing the nerve trunk.

In another case, in which the patient has not been produced, we

have had before us the skiagraph of a fracture of the neck of the femur in an old woman. The accident was, as usual, a fall on the floor. The skiagraph shows no displacement whatever, but a line of fracture crossing the neck just at the junction of the intra- with



FIG. 3.

the extra-capsular portion. It is valuable as evincing the non-necessity for splints.

The illustration here given shows thickening of the ulna in a case of ostitis after typhoid fever. The patient, a woman, had typhoid some years ago, and ever since has had some thickening of the bone.

*SB*  
**ST IVES,  
188A, PORTLAND ROAD,  
SOUTH NORWOOD.**

11. 10 99.

Dear Sir,

M<sup>rs</sup> Shipstone of 92  
Crowther Road came to consult  
me some weeks ago about her  
shoulder. I diagnosed a new  
growth, but not feeling at all  
sure that my diagnosis was  
correct I advised her to see  
a consulting Surgeon.

I have seen her daughter  
at different  
times since & she tells me that  
her Mother consulted you &  
that, on your advice she had  
her shoulder X-rayed (fearful  
fractures) & that you told her  
that there was a growth there  
& gave her advice &c.

I was rather congratulatory  
myself on my diagnosis being  
confirmed when to my surprise,  
about ten days ago her daughter  
told me that her Mother's shoulder

was much better & at my request brought her to see me. After examining the shoulder, I urged her to go up & see you again, but as it was giving her no pain she seemed rather indisposed to do so, under these circumstances I thought you would like to hear what it the present condition. The swelling has greatly diminished, in fact almost disappeared, the skin has resumed its normal colour, there is no pain in the joint, & movement is quite free.



The old lady is away from home at present, but on her return I shall endeavor to get her to consult you again. Meanwhile, if you have time, would you be so kind as to let me know what you thought of her shoulder, as the case is puzzling me considerably.

Apologising for the length of this letter, I am,

Yours faithfully,  
Stewart Limmons  
L.R.C.P.

Miss Allen 16

1895 a serious illness  
with typhoid: Egypt  
in bed 2 mo.

1897 another attack  
of fever six weeks  
in bed in Egypt  
near Alexandria

almost directly after  
the 95 attack she had  
pain in the bone.

The pain never left her  
for long together but it  
has decidedly increased  
during the last few  
months. She says that  
the swelling comes up & down



Recently the swelling has become painful. The skiagraph shows fusiform thickening of the bone. There is not the slightest reason to suspect syphilis. I believe that it is not very unusual for bone disease from this cause to remain latent for years and then to become active and proceed to suppuration, as is threatened in this instance.

In another case the Rays have given us negative help, but have left the diagnosis in doubt. An old woman of more than seventy, *very thin*, has the upper part of her right humerus apparently much thickened. It is rounded and smooth, the soft structures being somewhat adherent. The points of bone are concealed. It has been very painful. We have seen the patient twice, with an interval of three weeks, during which there has been decided increase in size. On the first occasion there was evidence of much ecchymosis, and, although no history of injury was forthcoming, I suspected that the old lady (who is quite deaf and very infirm) must have had a fall during a temporary loss of consciousness. The increase in size and persistence of severe pain have, however, inclined me to suspect a sarcomatous growth. The skiagraph, however, shows the contour of the bone normal, and gives us no help as to the cause of the very obvious enlargement. *Subsequently the tumour disappeared*

## SOME NOTES OF CONSULTATIONS AT THE POLYCLINIC.

BY WILLIAM EWART, M.D., F.R.C.P.

CONSULTATIONS are not easy to report unless we confine ourselves to a statement of the clinical problem; of its solution, if this can be reached; and of its corollaries in the shape of prognosis and treatment. A detailed inquiry into the intricacies of the clinical history, a cross-examination of the patient as to the situation, duration, and special characters of each of his symptoms—all this is tedious reading, although it may have repaid us in the doing. And again, the practical details of a physical examination do not bear complete verbal description.

Whilst a complete report of our proceedings, had it been attempted, would have proved sketchy and unexciting, it may be said, judging from the steady attendance of members, and, for my own part, from

the pleasure and instruction I have derived from the consultations, that they have not been lacking in interest and results. One great advantage attaching to them, is the freedom with which opinions relating to the cases can be discussed, in comparison with the guarded utterances alone possible in a private patient's chamber. And again, various views can be more unreservedly expressed, and that too whilst the patient is still under examination, instead of being delayed until the opportunity for further inquiry has passed away. The scarcity of time, often so adverse to a searching investigation, has not been one of our limitations. But the greatest of our privileges—and here I speak again from a personal sense of its value—is the number and independent character of the trained opinions brought to bear upon the cases. Criticism of our individual conclusions is neither shunned nor resented, but invited and truly welcomed by those of us who bring forward patients. Last, and not least, unusual cases are more likely to be matched in the aggregate experience of a conclave of clinical observers, whilst the suggestions as to treatment are multiplied to the patient's advantage as well as to our own.

In the early part of the session we have owed much to Dr. Hawthorne for the supply of cases and for the valuable notes which he prepared for us; and we are indebted to him for the lead which he has given to us in the direction of good clinical work. We shall all remember the pleasure and the profit derived from the demonstration of the sphygmograph and of the physiological and clinical significance of its records, which he gave us at one of our recent meetings.

It would be impossible to go through a complete list of the cases which we have discussed. Some of them have given us an opportunity of studying new methods of diagnosis and of treatment. And certainly not the least instructive have been those not in any sense unusual or rare. Of these, two or three, which we have seen quite recently, may be specially mentioned.

#### PLEURITIC EFFUSIONS: THEIR DIAGNOSIS, PROGNOSIS AND TREATMENT.

Several cases of this kind have come before us. The one to which I would specially refer was a good illustrative case of right pleuritic effusion, submitted by Mr. Alfred Philipps. First as to *diagnosis*.



This presented no difficulty, the ordinary physical signs of pleural effusion being well marked; the question was rather as to the extent of the effusion. In determining this point we were guided by the position of the heart, by the presence of a skodaic resonance (both in front and behind), and by the level attained by the fluid. All these circumstances are influenced by the amount of the serous collection.

Complete filling of the pleural cavity with fluid displaces the heart considerably towards the opposite side. In this case the heart was hardly moved. Occasionally, though this is not common, the heart may be displaced towards the side of the effusion; and this probably results where an effusion is partly reabsorbed, whilst, owing to adhesions, or from some other cause, expansion of the previously compressed lung has not taken place. The possibility of this unexpected condition should be borne in mind in our physical examinations.

In considerable effusions, the rise of the fluid to the summit of the pleura will obliterate the skodaic resonance in its most usual situation—viz., at the sternal end of the clavicle and along the edge of the manubrium. Usually, however, there will then be found a skodaic resonance in the back, at the side of the first, second, and third dorsal spines. In our patient, the “boxy” resonance of the bronchial tubes was obtained both in front and behind. This showed that the fluid had accumulated to an extent sufficient to compress the upper parts of the lung, but not sufficient to interpose a layer between the parietes and the front of the upper lobe. The presence or absence of the skodaic resonance and its situation, anteriorly or posteriorly, are thus helps in estimating the amount of fluid present in the chest. Percussion of the back also provides us with accurate information as to the level reached by the fluid.

It was first pointed out by Damoiseau, that the upper line of dulness due to a serous effusion is not horizontal, as has too often been depicted in clinical works, but strongly curved with its convexity upwards. The causation of this peculiarity is still a matter open for discussion. But this shape of the dulness agrees with the fact, which I have recently pointed out, that the spines of the vertebræ are always resonant on percussion, and that a fluid effusion limited to one side of the chest does not obliterate the vertebral resonance. Only when both pleuræ contain abundant fluid does the spine become dull.

In our patient we were able to verify Damoiseau's observation, as well as the thoroughly resonant character of the spinal percussion. The convexity of the dulness, at its highest point, was found to rise nearly to the level of the spine of the scapula.

Attention has not been drawn to the fact that this dulness with convexity upwards has two degrees. Percussion detects an *upper line of partial dulness*, which is apt to be overlooked in our rapid examinations. This upper outline is strictly parallel with the more unmistakable line of absolute dulness, and it is always found about  $1\frac{1}{2}$  inches above the latter. Between these two lines the respiratory sounds are diminished, and the voice is invariably altered and twangy, and often actually ægophonic. At the line of absolute dulness a further alteration takes place: vocal vibration is suppressed together with the vocal fremitus, and the ægophony present above may cease. Ægophony, however, is apt to vary, both in its degree and in its site, according to the amount of the fluid, the extent of compression of the underlying pulmonary tissue, and the relative situation of bronchi, &c.

The *prognosis* in this case, as in all cases of pleuritic effusion, has two aspects, the immediate and the remote—the immediate prognosis relating to the reabsorption of the fluid, and to the formation of adhesions; the remote, to any danger of ulterior disease of the visceral pleura and of the lung. This is largely a question of bacilli. Is the pleurisy a simple or rheumatic one, or is it tubercular? The answers to both our questions of prognosis are bound up with this point in the pathological diagnosis.

For, since rheumatic pleuritic effusions are more likely to be absorbed quickly than bacillary effusions, and are less likely to lead to permanent mischief, a distinction between them is a matter of prognostic importance, particularly in juvenile subjects, and has, as we shall see, a direct bearing upon treatment.

Incidentally it may be mentioned, that the serous effusions are a much less insidious evil than the adhesive. They, as a rule—to which, however, there are remarkable exceptions—early compel the patient to seek advice, and their physical signs are readily detected by the physician. On the other hand, the adhesive pleuritis—which often occur quite independently of serous effusion—are, at least very often, entirely latent, as is shown by the frequency with which pleural

adhesions are found post-mortem in subjects whose personal history is free from any record of symptoms of pleurisy.

It may be asked, in a case of serous pleurisy, whether the pleura is likely to become adherent. The answer is determined by the general rule, that rheumatic effusions are not usually followed by adhesions, whilst those of bacillary origin are very likely to lead to adhesions. The latter are not all of the same kind. When a pleurisy is secondary to a tubercular pulmonary lesion, local adhesion at the apex almost constantly occurs. This local adhesion is quite different from the generalized adhesions apt to occur in the fibrinous form of bacillary pleurisy, or in some mixed sero-fibrinous forms, due to primary deposition of tubercle in the pleura. I venture to think that its occurrence is likely to be influenced by treatment, as will presently be explained, and that something may be done to prevent it.

To return now to our patient. There is much to favour the view that her pleurisy is of the rheumatic order rather than of the bacillary, the reasons for this view being her age, her aspect, the absence of a tuberculous family history, and the freedom from pyrexia—for the temperature in bacillary pleurisies often oscillates persistently, even after the occurrence of effusion. We may, then, fairly consider the prognosis to be favourable as regards the pleura, and favourable also as regards the patient's future health and freedom from tuberculosis.

*Treatment.*—In all cases of pleuritic effusion, the first question is whether we shall aspirate. Some of us remember the time when aspiration was only resorted to after more or less delay. Then came the practice of early aspiration, which, except in occasional cases where the fluid re-collected, seemed to work well. More recently the wisdom of early interference has been questioned. It has even been suggested that a pleural effusion in pulmonary phthisis may be beneficial, (1) by keeping the lung at rest; (2) by restricting the air currents in, and so preventing the dissemination of tubercle through, the lung; and (3) by keeping the lung bathed in a supposed anti-toxic serum. I find it difficult to reconcile these suggestions with our modern principle of treatment, the chief of which is free ventilation of the lung. Reserving certain exceptional cases, I cannot, therefore, but regard an effusion in the pleura as an undesirable complication, and the question is how best to get rid of it.

A few weeks ago I showed you a boy in whom, acting upon a

suggestion emanating from Dr. Des Vœux, I obtained within three or four days, by the application of a blister and the administration of diuretics, the disappearance of an effusion which had filled the chest to the extent of obliterating the anterior skodaic resonance. Although so rapid a recovery is exceptional, the non-operative treatment of pleurisy has of late proved successful in my hands in several cases, and it is one from which good results can be expected in simple or rheumatic effusions. At any rate, it may safely be tried as a preliminary to aspiration. In these cases blistering is probably a considerable help, but, even without it, the combination of diaphoretics, including *sodium salicylate*, and of diuretics, including *digitalis*, with a moderately *dry diet*, is likely to prove efficacious. In the case now before us you would probably find it appropriate.

*The Treatment by Aspiration, and the After-Treatment.*—When medicinal treatment fails, as it sometimes does, there remains aspiration. This is nearly always successful. The objections to its early employment are of little weight, and the prompt removal of the greater part of the fluid is a decided advantage. After aspiration, and the same is true of cases in which the treatment has been purely medicinal, some dulness may, even for a considerable time, remain at the base, causing much uncertainty as to the continued presence of fluid, and even suggesting repeated aspiration. This doubt and delay are largely avoidable, if suitable “after-treatment” is adopted.

*Pleuritic Laziness of Breathing and its Remedy.*—If we watch the respiration in the case of a chest full of fluid, the affected side will be found hardly to move, whilst the movements of the opposite side are exaggerated. This early inspection is part of our physical examination for diagnosis. Another inspection, at the end of the attack, has always formed part of my routine, its object being to review the results of the attack, to determine the degree of mobility of the lung, and, if possible, to ascertain the presence or absence of adhesions. For some time past I have multiplied these inspections, and I now make it a rule to test the breathing at frequent intervals and quite early. The test applied is not only that of careful inspection in a good light, but of a bimanual gauging of the costal respiratory excursion.

The purpose in view will be best explained by referring to the



observations which we made on a patient at a previous consultation. The patient had recovered from the acuteness of his attack, but the base was in that stationary condition of dulness, diminished breathing, and modified voice sounds, to which I have referred, and the movement was impaired. In the space of two minutes, thanks to a simple device, the base was resonant, the respiratory movements were active, and the breath sounds had returned. The method was simply to make the patient lie on his sound side and breathe deeply, and to assist his expirations by well-timed compressions of the base affected.

This experiment is full of teaching and suggestion. Let us suppose that in this instance we were dealing with the most favourable of all cases, so favourable as to be, practically speaking, a case of recovery, why should we have detained him as an invalid for so many days whilst he might have been freed rapidly from his local abnormality? Yet without our intervention things might have remained unchanged for many more days.

Clearly, then, an indication of treatment had been neglected in this case, the indication for thoracic exercise. Again, still regarding this as being a selected instance, if so much can be done in two minutes at the favourable stage, is it not likely that this treatment systematically applied for a period of time may bring about decided results in cases less favourable? I believe that in many of the cases which have been aspirated, and also in others, there is a laziness of breathing, a continued abeyance of the local function which has been temporarily suspended, a loss of the habit of contraction on the part of the intercostal muscles and diaphragm, and that the prompt recovery of the case simply awaits our intelligent assistance in this direction. The chief lesson to be derived from this is, that respiratory exercises might be profitably employed in all cases where the amount of fluid has been considerably reduced by treatment.

*The Disposal of the Residual Fluid.*—We must not venture, on the strength alone of the observation related, too positive a statement that the dulness which we have dispelled was not due to some remaining fluid. The manipulation described is just that which might effectually drive the fluid, had it been present, from its basic pool into other parts of the chest, where it might spread without



setting up dulness. In other words, this may not have been so favourable a stage as we supposed. It may have been not merely the final stage of delayed expansion of the base of the lung with relative thickness of the pleura, and perhaps some passive pulmonary congestion, but rather persisting remaining fluid. I have still some doubt on this point, but with regard to the practical conclusions as to treatment I have no doubt. One great distinction between fluid effusions in the pleura and those in the pericardium is, that the former are apt to be very chronic if left without treatment, whilst some serous pericardial effusions, as I have shown, are often so rapidly reabsorbed that they frequently escape the opportunity of recognition by physical examination. They have been thrown out and taken up again before their presence has been suspected or the chest examined. It is, perhaps, possible to connect this difference with the great difference, in the two instances, as regards movements of fluid and stimulation of the membrane. In the pericardium the fluid is never at rest, the membrane is constantly washed by it, and the stomata kept clear. In the pleura, just the reverse—absolute rest prevails. And one of the great objections to our delaying interference, whether by medicine or by aspiration, is the fact that the stomata and lymph capillaries are likely to become more and more clogged by sedimentary fibrin. These considerations contain a great principle of treatment. If dangerous conditions, such as cancer or excavation of the lung, do not forbid it, free manipulation of the chest should be one of the chief elements of our treatment, with a view to a reabsorption of the pleural effusion. Even taking it, then, that in the case just mentioned the dulness was due to fluid, the proper treatment was precisely that which we applied.

We now perceive what was intended by the reference to the “after-treatment” of pleuritic effusions. It is when the chest has been relieved by aspiration, that the re-expansion of the lung and the stimulation of the pleural membrane by movement should be taken in hand. This can be accomplished both by the thoracic compression method and also by pressure applied upwards from the abdomen ; in other words, by diaphragmatic massage.

Enough has been said to justify us in reconsidering the principles which have hitherto governed the after-treatment of pleurisy. The

prevailing practice has been to keep the patient in bed and at rest so long as any dulness, suggestive of a possible remainder of fluid, has persisted at the base—a safe method, which, in some cases, may still be the best. As patients gradually stir and sit up in bed, they begin to ventilate their bases, and ultimately get rid of most of the dulness. The method which we are now discussing is a quicker one. In its full development it would include: (1) The immediate adoption after aspiration of the postural treatment; (2) the application at stated intervals of artificial forced expiration; (3) ceasing to lie in bed as soon as the pyrexia ceased, and being allowed to take gentle exercise; (4) meanwhile, the sound side of the chest, when the patient first gets up, may have to be *strapped*, to throw the full stress of breathing during exercise upon the disused lung.

Strapping has often been used, but at an early stage, and with the opposite object of allaying pain by immobilizing the side affected. This proceeding will not bear too strict an inquiry into its rational bearings, for it is open to the objection that it may promote adhesion, since the painful stage in question is also the time when fibrin is being thrown out. You may, perhaps, therefore prefer the employment of other means of relieving the pain, to one which might possibly eventuate in an impeded or diminished function.

In conclusion, the present case seems to be one of subacute serous pleurisy, of a rheumatic rather than of a tubercular type, and likely to get quite well without the formation of adhesions. The treatment might be non-operative at first, by diaphoretics, diuretics, and purgatives, associated with a moderately dry diet. If no impression should be made upon the effusion, aspiration might be carried out and the patient allowed to go about with the sound side of the chest strapped. The aspiration should be followed also by the immediate application of the other measures of mechanical treatment with which we have dealt.

#### A CASE OF AIR-SWALLOWING.

There frequents the out-patient room a class of sufferers for whom the physician's sympathy is mingled with less pleasant feelings, and whose alarmingly noisy symptoms are much more distressing to others than to the patients themselves. We are all familiar with

them. The offenders are inveterate dyspeptics, mostly women past middle age, thin, ailing and wailing, intensely depressed and intensely depressing. Their peculiarity, which seems to be for them a source of physical comfort and of satisfaction, nay, almost of pride, is the noisy eructation of a quantity of gas. The supply seems to be unlimited; and it becomes obvious on closer observation that the supply is renewed with each belch. The patient swallows the air and brings it up again explosively. In my early days these cases attracted my notice, but it is not to my credit that I should not have carried my inquiry into their pathology beyond the simple observation of the fact which I have stated. For their identification, however, I coined the term "wind-gargling," which should be really "gastric wind-gargling"; and this fairly describes, in a rough sketchy way, this singular abnormality of function. I regarded the patients as members of the large group of dyspeptics, and I did my duty by them in the limited light of my knowledge of their form of ailment, but without, I fear, affording any relief to the condition.

The patient now before us, sent up for an opinion and for treatment from the south coast, is not quite so inveterate a "wind-gulper" as those to whom I have referred, and he is only twenty-five. The affection, unfortunately, does sometimes occur in young men; and if they had not been previously nervous, they do not fail soon to become so. He has been a sufferer for the last two and a half years. I will not enter fully into his case, which is complicated, and has hitherto baffled diagnosis and treatment; but I shall simply deal with the symptom in question, which he can now demonstrate to us. We learn from him, that this noisy performance is entirely at his command and might be kept up indefinitely; but he only resorts to it at intervals, as a means of momentarily relieving the internal distress and the breathlessness, which have prevented him following out his occupation for so long a period. I think we may exempt him from the suspicion of exaggerating his symptoms or of pretending. His aspect and manner are those of a straightforward person; his build and nutrition those of one capable for work; and his previous history, athletic. An important peculiarity in his case is that he does not profess nor own to be a dyspeptic; any food will suit him, and he is never the worse for it in the direction of any abdominal distension or gastric pain.

In the early days, to which I have referred, I was inclined to regard this unpleasant symptom with some disrespect as well as disgust; and the discovery that the gas was not a genuine output from the viscera, did not dispose me to consider the good faith of the patients as above suspicion. Yet they were obviously to be pitied, for in all of them could be traced the same wretchedness and depression. This form of misery is not, however, an obvious feature in our present patient, for he is not, like most of the others, reduced by semi-starvation, but well fed and fairly healthy.

After giving more thought to this strange perversion of function, I have recently begun to regard the wind-swallower in quite a different light, as one who is carrying out for himself a form of treatment closely analogous to that which we ourselves adopt for him, and for flatulent dyspeptics in general. When we prescribe soda, seltzer, or other effervescing waters for flatulent dyspepsia, we clearly add to the bulk of gas contained in the stomach. The same result must also follow when ether is administered in perles: a large volume of vapour is disengaged in the stomach and would tend to inflate it further, yet both methods are often successful. The rationale seems to be that the sudden increase in the bulk of the gas acts as a stimulus, and leads to expulsion and relief. This is precisely the sequence observed in connection with the symptom in question; only its performance is carried out with a directness and a success which our therapeutic methods do not always command. The sufferers become, as it were, artists in this loud-sounding performance; and whilst they swallow air, they generally succeed in bringing up more than they have swallowed. So long as our methods of treatment remain unchanged, we are therefore hardly justified in quarrelling with their method, which is in effect superior to our own. It is in discovering the cause of the symptom that we should endeavour to vindicate our superiority, whilst giving the full relief which the complaint calls for. So long as we remain in helpless ignorance in that direction, it is with us, I fear, there lies the gravamen.



## CLINICAL DEMONSTRATION.

BY HARRY CAMPBELL, M.D., F.R.C.P.

## PULMONARY EMPHYSEMA.

A MAN, *æt.* 40, with pronounced hypertrophous emphysema. There had been comparatively little bronchitis. The thorax was seen to be fixed in a position of super-extraordinary inspiration. Dr. Campbell inquired into the causation of this. The expansion, he pointed out, could not be produced by the lungs pressing the chest wall outwards, seeing that the tendency of these organs is in the opposite direction, *viz.*, to suck the chest wall inwards. One cause of the thoracic expansion is a diminution of pulmonary elasticity, and consequently, of pulmonary suction. The inspiratory muscles, being no longer antagonized by the normal degree of pulmonary elasticity, cause undue expansion. Thoracic expansion in emphysema is also favoured by the dyspnoea which always attends this disease; for prolonged dyspnoea excites the inspiratory muscles more than the expiratory. This patient showed the overaction of the inspiratory muscles in a remarkable degree, the *scaleni* and *levator anguli scapulæ* on each side could be felt powerfully contracting with each inspiration, and there was also overaction of the *serrati magni*. Dr. Campbell drew special attention to the fact that there was no overaction of the expiratory muscles. He contended that the prolonged overaction of the inspiratory muscles led to their permanent shortening, just as happens in talipes, and that this caused fixation of the chest in the inspiratory position. A proper understanding of these facts suggests the rational treatment of the affection:—(1) Means should be taken to prevent loss of pulmonary elasticity; (2) The patient should scrupulously avoid all causes of breathlessness; (3) Expiratory exercises should be resorted to, so as to antagonize the inspiratory muscles and prevent their contracture.



## MITRAL AND AORTIC DISEASE.

Woman, *æt.* 25, the mother of five children; has had three attacks of rheumatic fever. There was both aortic and mitral regurgitation. The fact that the aortic valves are comparatively rarely affected in the rheumatism of young women was pointed out. The patient was anæmic. There was a treble cause for this: a recent pregnancy, rheumatism, and aortic regurgitation. The latter is practically always characterized by anæmia, possibly because nutrition is interfered with by the intermittent flow of blood through the capillaries. Rheumatism is a great cause of anæmia. It is also a cause of nervousness—possibly through the action of some toxins on the nervous system. Dr. Campbell judged that the degree of aortic insufficiency in this case was small, because: (1) The left ventricle was not much dilated, whereas a large amount of regurgitation always leads to pronounced dilatation; (2) The second aortic sound could be heard; (3) The volume of the pulse was fairly well maintained between the beats.

## UNILATERAL CONVULSIONS IN CHILDHOOD.

Girl, *æt.* 13. Has suffered from right-sided fits, unattended by loss of consciousness, since early childhood. Examination showed slight hemiplegia on the right side. Such unilateral fits in children, it was observed, are practically always post-hemiplegic; the initial lesion (probably thrombotic) interfering with the development, and thus inducing an unstable condition, of the motor centres. One of the highest functions of nerve centres is self-control. When we are in the best health we have most self-restraint; we are most irritable, most explosive, when we are run down. A tendency to convulsions is, therefore, evidence of defective nutrition of the centres implicated; and not, as one might suppose, of hyper-nutrition. Operative interference is no use in these cases.

## ACUTE ANTERIOR POLIOMYELITIS IN AN ADULT.

Man, *æt.* 35. About a year ago was attacked with severe pain over the lower cervical spine and high fever, followed, within twelve hours,

by paralysis of the upper extremities. There is at present complete paralysis of the muscles of the right upper limb, including those of the shoulder girdle and the pectorals; on the left side several of the muscles below the elbow are active, also the left pectorals. Sensation is normal. The case is a somewhat rare one of acute anterior poliomyelitis occurring in an adult. The great laxity of the joints observed in the infantile form is absent; there is no vaso-motor dilatation; nor are all the paralysed muscles greatly shrivelled. Evidently there has been a considerable formation of connective tissue between the fibres. As regards treatment, massage is the chief influence to rely on; apparently hopeless cases can often be improved by this means.

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## CLINICAL DEMONSTRATION.

BY C. O. HAWTHORNE, M.D.

### CARDIAC VALVE DISEASE WITHOUT HISTORY OF RHEUMATISM.

THIS patient, a girl *æt.* 18, is undoubtedly the subject of cardiac valvular disease. On listening over the cardiac impulse there is heard a short, rough murmur, which runs up to, and is terminated abruptly by, a sharp, explosive first sound; there is also accentuation of the second sound over the pulmonic cartilage. These facts, necessarily, admit only one interpretation—viz., that the patient is the subject of mitral stenosis. The girl is anæmic, and in anæmia it is, of course, common enough to find murmurs in the præcordial region which are “functional,” and which disappear as the general condition of the patient improves. But “functional” murmurs, apart from other features which distinguish them, are always V.S. in rhythm. No such comfortable view is possible here, for the pre-systolic, or, as Sir William Gairdner calls it, the auricular systolic (A.S.) murmur, always means organic change—viz., stenosis of the mitral orifice. There is no doubt, then, that the girl is the subject of organic cardiac disease. The special interest of the case arises when we endeavour to ascertain how the valvular disease has

originated; for the girl's history seems to be quite free from any rheumatic suggestion. She has never had rheumatic fever, or pains in the joints, or chorea, and she has never suffered from scarlet fever. But it is highly probable all the same that she is "rheumatic." Her mother has suffered from rheumatism, and a sister has had a severe attack of rheumatic fever. It is quite certain that, in children, rheumatism may produce only slight disturbance in the joints, and yet at the same time cause endocarditis. And it is manifestly possible here, that a slight disturbance of this kind has occurred and been forgotten; or, for the matter of that, there is no reason in the nature of things why the endocarditis may not be the result of a "rheumatism" which failed altogether to cause any affection of the joints. Indeed, there is good evidence to justify the belief, that as a rheumatic synovitis may exist without endocarditis, so a rheumatic endocarditis may occur without synovitis. There is one very practical outcome from this view. It is, that when in any way the practitioner discovers in any member of a family a manifestation of rheumatism, however slight, it is his duty to warn the parents of the risks which attach to their children, even in cases of apparently trivial illness. A slight febrile disturbance, "growing pains," a sore throat, etc., may in such children be essentially rheumatic incidents with a risk of an attendant endocarditis. With a view to reduce such risks, these children in rheumatic families ought to be given complete rest in bed for complaints which in other children would attract comparatively little notice. In this way one may hope to reduce the large number of patients who are the subjects of organic cardiac disease, though they have never passed through any "typical" rheumatic attack. The successful treatment of heart disease, as of many other conditions, lies in the direction of prevention rather than of cure, and the recognition of this, means that the responsibility of the practitioner in a case of rheumatic disease extends far beyond the individual patient. It involves the protection of those of the relatives who, from their age, are specially liable to endocarditis without such an amount of pain in the joints or general disturbance as will necessarily attract attention and compel rest. We cannot in the present patient do anything to remove the physical changes at the mitral orifice, but we may do something to prevent the younger members of the family undergoing a similar misfortune.

## RECOVERY, EXCEPT FOR PERMANENT BLINDNESS, FROM THE SYMPTOMS OF CEREBRAL TUMOUR.

The one serious disability of which this patient, a girl *æ*t. 16, complains, is blindness. Tested in the usual way, she is found, indeed, to be quite blind, not having even the ability to distinguish light from darkness. The immediate cause of this is found by the ophthalmoscope to be optic nerve atrophy. The atrophy, moreover, is certainly of the post-neuritic variety; for not only is the disc unduly white and the vessels small, but the edge of the disc is "woolly," and conspicuous white lines of exudation are seen running alongside the blood-vessels. There has, therefore, been at some time or other a double optic neuritis. The inflammatory exudation accompanying this has become organized, and the newly-formed connective tissue, by shrinking, has pressed upon and irretrievably injured the fibres of the optic nerve. The question remains, what was the cause of this double optic neuritis? To supply an answer, we must refer to the patient's history; and, fortunately, we have a record of events certified by a medical observer.

By the courtesy of Dr. James Smyth, I am able to say that, in the summer of 1897, the patient had a severe illness extending over several months and marked by pain in the head (at times extreme), giddiness, vomiting, retraction of the head, and gradual loss of sight. At one time, too, there was paralysis of the right arm and leg. From these symptoms she gradually recovered, except that she remains permanently blind. I take it that the explanation of all this is, that the girl has a tumour of the brain, which two years ago was in a condition of active growth, but has now for some time been quiescent. The combination of pain in the head, vomiting, and double optic neuritis, of course suggests tumour in the strongest possible manner. Indeed, the only alternative diagnosis open would seem to be meningitis, as the absence of any suppurative disease of the middle ear, and the recovery of the patient, may be held to exclude cerebral abscess. But meningitis does not produce a serious illness of three or four months' duration; though it may cause optic neuritis, this is almost invariably of a much slighter degree than has undoubtedly existed here; and it is almost impossible to conceive of meningitis causing a condition of hemiplegia, which may, on the other hand,



readily result from a localized lesion, as, *e.g.*, a tumour. The one objection to the diagnosis of tumour is the recovery of the patient. But there is no *à priori* reason why a cerebral tumour should not cease to grow, and, as a matter of fact, cerebral tumours have been found, on post-mortem examination, years after all active symptoms have ceased. The recovery from the hemiplegia is quite compatible with such a diagnosis. For a tumour when actively growing causes considerable vascular and inflammatory disturbances in its neighbourhood, and as these will doubtless subside when the tumour becomes quiescent, the symptoms they produce will subside also. Tumour of the brain in children is more often recovered from than one would perhaps anticipate. Unfortunately, as in the present case, the recovery is frequently qualified by blindness from optic atrophy. Hence it becomes a matter of practical importance to consider whether by treatment such a disastrous result can be prevented. So far as I know, the best chance of success is afforded by potassium iodide and mercurial inunction. In this way the optic neuritis may be checked, and so the risk of blindness be lessened. Another measure which has been proposed is to trephine the skull, and thus to reduce intracranial pressure. This is recommended by such competent authorities as Macewen and Victor Horsley. In the only instance that I am familiar with, the patient's sight was not saved, but possibly the operation was undertaken too late; obviously, if relief is to be afforded, the operation must be performed before the pressure of the exudation has definitely injured the nerve fibres. There is one other point about the treatment of these cases. A tumour, after a period of quiescence, may again become active, with a necessary return of the former symptoms. Now many of these tumours are tuberculous, and it is reasonable, therefore, to suppose, that a revival of their activity may be prevented by all the measures which sustain and improve the general health of the patient. And probably we shall all agree that cod liver oil should be placed in this list.

#### A CASE OF MOVABLE KIDNEY.

The patient is a married woman, *æt.* 28. She has never been pregnant. She complains of pain in the right side of the abdomen, with more or less general abdominal discomfort and attacks of vomit-



ing, which she regards as evidence of indigestion. It is quite easy here to detect a movable kidney, and, as is usually the case, it is on the right side. Possibly the patient is also the subject of some gastric disorder; she has, however, been treated for indigestion in various ways without much relief. Hence it is at least possible that all her discomforts may arise from her movable kidney; for it is certain that such a condition does at times produce the very symptoms of which she complains. The case illustrates:—

(1) The association of symptoms regarded as the result of indigestion with movable kidney, and (2), the necessity of making a physical examination of the abdomen before definitely concluding that a patient is suffering from “simple dyspepsia.”

If a properly adjusted bandage does not procure relief, the advisability of an operation to secure fixation of the kidney ought to be considered.

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## REVIEW.

*Text-Book of Ophthalmology.* By Dr. Ernest Fuchs. Translated from the seventh German edition by A. Duane, M.D. (London: H. K. Lewis. 21s. 1899.)

THIS text-book of Ophthalmology, by the celebrated Viennese professor, has already passed through seven German editions, and the English translation, now published in a second edition, is well assured of a cordial welcome. The work includes the discussion of the whole range of ophthalmic theory and practice, and perhaps its most distinctive note is the excellent sense of proportion which marks its arrangement. As a consequence, there is no branch of the subject but receives adequate treatment, whilst the volume is quite free from that exaggeration of relatively unimportant matters which the practical man regards as the peculiar vice of the specialist. It would, indeed, be difficult to name a text-book that can be more confidently trusted to provide in due proportion, both helpful suggestions for the difficulties of practice, and lucid expositions of the scientific doctrines which give to practice a sound basis and an intelligent interest. The section dealing with the anomalies of refraction and accommodation, and with the theory and use of glasses, may be specially mentioned as worthy of commendation in these respects.

Other features of the volume demanding appreciative recognition are the number and value of the illustrations and the literary excellence of the translation. For the latter the reader is indebted to Dr. Duane of New York. It is but just to add, that the publisher and printer have combined to secure a fitting presentation of a work the intrinsic merits of which are worthy of the reputation of its author.

## COLLEGE NOTES.

THE number of medical practitioners who have joined the College is now 521. It may be well to repeat that the annual subscription of one guinea secures the use of the library, reading-room, and museum, with the right to attend the afternoon consultations.

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SUBSCRIBERS incur no liability beyond the amount of their subscription. Any subscriber, however, is eligible for election as a member. Membership confers the right to vote at the general meetings of the Association, and qualifies the holder for election to the Council; it involves a merely nominal additional liability—viz., a sum not exceeding ten shillings—in the highly improbable event of the Association being unable to meet its liabilities. Intending subscribers or members should communicate with the Hon. Sec. at the College.

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THE Inaugural Dinner on June 14th was a marked success. The attendance numbered some 280, and was well representative of the various interests and activities of the profession. As the speeches were fully reported in the medical press, it is not necessary to repeat them here. The sum raised in connection with the dinner amounts to about £1,400. The Council has recorded a special vote of thanks to Dr. Guthrie Rankin for the successful and efficient manner in which he organized all the arrangements.

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DR. ORD, who for some time kindly acted both as Chairman of the Council and Treasurer, has felt it necessary to resign the latter position. At the request of the Council, Dr. C. Theodore Williams has accepted office as Honorary Treasurer.

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THE attendance at Professor Clifford Allbutt's clinical lecture on

July 7th reached nearly a hundred. The lecture commanded the most earnest attention of the audience, and the cases exhibited were full of clinical interest and value. We are enabled in this number to present our readers with an abstract of a portion of Dr. Allbutt's remarks. It is intended to have clinical lectures at regular intervals during the winter session.

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THE courses of lectures by Dr. J. W. Ballantyne, of Edinburgh, and by Professor Woods Hutchinson proved very attractive. The cordial thanks of the Association are due to these gentlemen, who generously undertook the work without fee.

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SINCE our last issue numerous additions have been made to the library and reading-room. The Committee acknowledges with thanks contributions from the following: Mr. Jonathan Hutchinson, Dr. Ord, Dr. J. W. Ballantyne, Mr. Reginald Harrison, Dr. StClair Thomson, Dr. Matthew Baines, Dr. Campbell Hearne, Dr. Edward Blake, Dr. Seymour Taylor, Dr. Hawthorne, Mr. H. K. Lewis, Messrs. Cassell and Co., and the Bristol Medico-Chirurgical Society.

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THE afternoon consultations are affording a very decided demonstration of the demand existing among practitioners for increased opportunities for clinical study. During the summer the following gentlemen have taken part in conducting the consultations: Dr. Ord, Dr. Theodore Williams, Dr. Ewart, Dr. Radcliffe Crocker, Dr. Ferrier, Dr. Sharkey, Dr. Harry Campbell, Dr. Seymour Taylor, Dr. StClair Thomson, Dr. Arthur Whitfield, Mr. Jonathan Hutchinson, Mr. Malcolm Morris, Mr. James Cantlie, Mr. James Berry, Mr. W. de Santi, and Dr. Hawthorne.

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THE equipment of the laboratory for the application of the Röntgen rays is now complete. It is in the charge of Dr. F. Harrison Low, who will conduct courses of practical instruction during the winter session. The clinical and pathological laboratory is also nearly ready for work, and details of the class arrangements will be announced at an early date.

It has been determined by the Council that the Journal is in future to be issued every month. The intention is to present a record of the most interesting cases discussed in the Polyclinic, with abstracts of clinical lectures, etc. In this way subscribers will be kept in touch with the College, and will receive, in a permanent form, the views of various authorities on the practical problems arising out of the cases submitted for examination. Necessarily this enlarged undertaking means a considerable additional expense. The original subscribers are entitled to receive the Journal without payment, but it is hoped that, in consideration of the increased outlay entailed by a monthly issue, they will be content to waive this privilege, and to take the Journal on the terms of a moderate annual subscription.

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THE Council has received with regret the resignation of Dr. Hawthorne as Medical Superintendent.

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The following have been received:—*Lancet*, *British Medical Journal*, *Medical Press and Circular*, *Practitioner*, *Medical and Surgical Review of Reviews*, *Journal of Tropical Medicine*, *Archives of Surgery*, *British Journal of Dermatology*, *Journal of the Sanitary Institute*, *Edinburgh Medical Journal*, *Glasgow Medical Journal*, *Treatment*, *Medical Magazine*, *Bristol Medico-Chirurgical Journal*, *Medical Chronicle*, *Northumberland and Durham Medical Journal*, *Indian Medical Gazette*, *Canadian Practitioner and Review*, *Journal of the American Medical Association*, *Medical Record*, *Medical Fortnightly*, *Queen's Medical Magazine*, *St. Bartholomew's Hospital Journal*, *Guy's Hospital Gazette*, *London Hospital Gazette*, *Westminster Hospital Gazette*, &c., &c.



*President of the College,*

SIR WM. H. BROADBENT, BART., F.R.S., LL.D.

## TEACHING STAFF.

WINTER SESSION, 1899.

## PRACTICAL CLASSES.

Medical Anatomy and Physical	{ Seymour Taylor, M.D., M.R.C.P.
Diagnosis . . . . .	{ J. Edward Squire, M.D., M.R.C.P.
Applied Anatomy and Surgical	{ James Cantlie, M.B., F.R.C.S.
Apparatus . . . . .	{ Albert Carless, M.B., F.R.C.S.
Clinical Examination of the	{ James Taylor, M.D., F.R.C.P.
Nervous System . . . . .	{ W. Aldren Turner, M.D., F.R.C.P.
Ophthalmic Surgery and Surgi- cal Anatomy of the Eye . . .	E. Treacher Collins, F.R.C.S.
The use of the Ophthalmoscope	{ W. Holmes Spicer, M.B., F.R.C.S.
and Refraction. . . . .	{ L. Vernon Cargill, F.R.C.S.
Surgical Anatomy of the Ear	{ Arthur H. Cheatle, F.R.C.S.
and Aural Operations . . .	{ Richd. Lake, F.R.C.S.
Clinical Examination of the Ear	J. Dundas Grant, M.D., F.R.C.S.
Surgical Anatomy of the Nose and Throat . . . . .	StClair Thomson, M.D., F.R.C.S.
Clinical Examination of the	{ Herbert Tilley, M.D., F.R.C.S.
Nose and Throat . . . . .	{ W. Jobson Horne, M.B., M.R.C.P.
The application of the Röntgen Rays . . . . .	F. Harrison Low, M.B.

## COURSES OF LECTURES.

General Ophthalmology . . .	R. Marcus Gunn, M.B., F.R.C.S.
Insanity: its medical and legal treatment . . . . .	G. H. Savage, M.D., F.R.C.P.
Morbid Conditions of the Urine and their clinical signifi- cance . . . . .	Arthur P. Luff, M.D., F.R.C.P.
Lectures and Demonstrations on Diseases of the Skin . . .	James Galloway, M.D., F.R.C.P.
Comparative Pathology . . .	Woods Hutchinson, A.M., M.D.

## CLASSES IN ASSOCIATION WITH THE COLLEGE.

Practical Bacteriology . . .	Prof. Crookshank, M.B.
Mental Diseases . . . . .	Maurice Craig, M.D., M.R.C.P.
Hygiene and Public Health . .	A. Wynter Blyth, M.R.C.S., F.C.S.



## VACATION CLASSES, SEPTEMBER, 1899.

Medical Anatomy and Physical Diagnosis, by SEYMOUR TAYLOR, M.D., M.R.C.P. Mondays and Thursdays, at 2 P.M., commencing Monday, September 4th. Fee, £2 2s.

Applied Anatomy and Surgical Apparatus, by JAS. CANTLIE, F.R.C.S. Wednesdays and Saturdays, 10 A.M., commencing Wednesday, September 6th. Fee, £2 2s.

Clinical Examination of the Nervous System, by JAS. TAYLOR, M.D., F.R.C.P. Fridays at 2 P.M., commencing Friday, September 8th. Fee, £1 1s.

Ophthalmic Surgery and Surgical Anatomy of the Eye, by E. TREACHER COLLINS, F.R.C.S. Wednesdays, 2 to 4 P.M., commencing Wednesday, September 6th. Fee, £1 11s. 6d.

Surgical Anatomy of the Ear and Aural Operations, by RICHARD LAKE, F.R.C.S. Mondays and Fridays, at 5 P.M., commencing Monday, September 4th. Fee, £2 2s.

The Clinical Examination of the Nose and Throat, by JOHNSON HORNE, M.B., M.R.C.P. Wednesdays, 6 to 8 P.M., commencing Wednesday, September 6th. Fee, £1 11s. 6d.

The Application of the Röntgen Rays, by F. HARRISON LOW, M.B. Mondays and Thursdays, at 3 P.M., commencing September 11th. Fee for four practical lessons, £2 2s.

Clinical Bacteriology, by J. T. C. NASH, M.D., D.P.H.

This course will be conducted at King's College. It will commence on Monday, September 25th, and will be continued daily for five days. There will be demonstrations of all the more important pathogenic organisms, and each member of the class will have the opportunity of becoming practically familiar with the methods of staining and mounting specimens. Each demonstration will extend from 2 to 4 P.M. Fee, £2 2s.

Mental Diseases, by MAURICE CRAIG, M.D., M.R.C.P. Six clinical demonstrations at Bethlem Royal Hospital, at 2 P.M. This class will meet on September 5th, 12th, 19th, 22nd, 26th, and 29th. Fee, £1 1s.

Hygiene and Public Health, by A. WYNTER BLYTH, F.C.S. Particulars on application.

CLINICAL CONSULTATIONS on Tuesdays, Thursdays, and Fridays, at 4 P.M.

## SYLLABUS OF TEACHING.\*

### CLINICAL CONSULTATIONS.

THESE will take place in the afternoon between the hours of 4 and 6; particulars will be announced at the Polyclinic, in the Journal, and in the weekly medical press. In connection with these consultations Clinical Assistants will be appointed. For the present, consultations will be held every Tuesday, Thursday, and Friday.

### PRACTICAL CLASSES.

Entries for the following practical classes may now be made. *Each course will extend over six weeks*, and will be conducted so as to afford practical instruction to each member of the class; patients illustrating the various diseased conditions will be submitted for examination. The number of students permitted in each class will be limited, but if required, supplementary classes will be provided.

#### Medical Anatomy and Physical Diagnosis.

Tuesdays and Thursdays, 6 to 7 P.M., commencing October 3rd.

*Fee*:—Two guineas.

This course will be illustrated on the living subject, and by specimens, diagrams, and models.

It will include:—

1. Practical instruction in the normal positions of the several organs and their various parts, and the relationship of surface anatomy to the subjacent viscera.
2. The principles and methods of medical case-taking.
3. The application of inspection, palpation, mensuration, percussion, and auscultation in the clinical study of the thoracic and abdominal viscera.
4. The use of medical instruments and apparatus, with demonstrations of methods and results. In this section will be studied the Cardiograph, Sphygmograph, Pneumograph, and records obtained by

\* All communications regarding the classes should be addressed to the Medical Superintendent, 22, Chenies Street, Gower Street, W.C.

their aid; the Clinical Thermometer and Temperature Charts; the Hypodermic Syringe and its use; the Stomach Pump and Stomach Syphon; Southey's Tubes and various Aspirators; Inhalers and Intra-Laryngeal Medication; Enemata, their preparation and use; Venesection, Transfusion, &c., &c.

### **Applied Anatomy and Surgical Apparatus.**

Wednesdays and Saturdays, 10 to 11 A.M., commencing October 4th.

*Fee*:—Two guineas.

BONES.—Mechanism; structure as bearing on fractures.

JOINTS.—Anatomy; dislocations and principles of reduction.

MUSCLES.—Grouping of muscles according to action and nervous supply; tendons, their sheaths and division points; club foot.

ARTERIES.—Anatomy of main arteries; points at which pressure is most readily applied; sites for ligature; collateral circulation; tourniquets.

VEINS.—Anatomy; venesection; varicose veins.

LYMPHATIC SYSTEM.—Grouping of glands; distribution of lymphatics.

NERVOUS SYSTEM.—Brain, and the localization of cranial lesions; the convolutions, centres, origins of cranial nerves, vascular supply, relations to surface of skull; trephining. Cranial nerves, anatomy, diagnosis of lesions affecting. Spinal nerves, their area of supply; localization of spinal lesions; laminectomy; operations for spina bifida.

REGIONS.—Cranium; orbital, nasal, oral, and aural regions and cavities. The thoracic, abdominal, and pelvic cavities, and the relations of the viscera to surface anatomy. Limbs, the surgical anatomy of. Fractures, their anatomy, and principles of treatment. The surgical anatomy of hernia and the genito-urinary organs.

Bandaging. Application of splints. Surgical instruments.

### **The Methods of Investigating Cases of Disease of the Nervous System.**

Fridays, 2 to 3 P.M., commencing October 6th.

*Fee*:—One guinea.

The anatomy and physiology of the nervous system.

Brain and spinal cord topography.

Functions of the brain and spinal cord.

Family history in nervous disease.

Personal history and habits in nervous disease.

Condition of the patient at the time of examination.

General Appearances.—Unsteadiness, tremor, deformities, pallor, nervousness, &c.

Gait.—Spastic, ataxic, hemiplegic, functional disturbances.

Spontaneous Movements.—Choreiform; athetoid; tremor.

Speech defects.—Articulatory; aphasic.

Motor Symptoms.—Paraplegia; monoplegia; hemiplegia; cranial nerve paralyses; isolated paralysis of spinal segments; isolated paralysis of spinal nerves; general neuritis; electrical testing.

Sensory Symptoms.—Spontaneous sensations; impaired sensibility, common, for pain, for heat and cold; perverted sensibility, allocheiria, &c.

Special Senses.—Smell; taste; vision; ophthalmoscopic appearances; hearing.

Trophic symptoms.

Cases illustrating different types of nervous disease.

### **Ophthalmic Surgery and Surgical Anatomy of the Eye and its Appendages.**

Wednesdays, 2 to 4 P.M., commencing October 4th.

*Fee*:—Two guineas.

Lantern slide demonstrations of the anatomy of the parts concerned, and the changes produced in various ophthalmic operations. Description of operations for relief of ptosis, entropion, ectropion, tarsal cyst, lachrymal obstruction, squint, pterygium, foreign bodies in the cornea, conical cornea, glaucoma, cataract; also of the operations of tattooing, enucleation, and evisceration. Opportunities will be afforded for the performance of operations on animals' eyes at the conclusion of each demonstration.

### **The Use of the Ophthalmoscope, and Refraction.**

Tuesdays and Fridays, 9 to 10 A.M., commencing October 3rd.

*Fee*:—Two guineas.

Optical principles, examination by focal illumination, the eye con-



sidered as an optical instrument. The refraction of the eye: accommodation, convergence. Testing the form sense, light sense, and colour sense. The optical principles of the ophthalmoscope. Methods of using the ophthalmoscope: with the mirror alone, the indirect method, the direct method. Retinoscopy. Abnormalities of refraction: hypermetropia, myopia, astigmatism, presbyopia. The movements of the eyeballs and their anomalies. Binocular vision, heterophoria, strabismus. The field of vision.

### **Surgical Anatomy of the Ear and Temporal Bone and Aural Operations.**

Fridays, 5 to 7 P.M., commencing October 6th.

*Fee*:—Two guineas.

Anatomy of the ear in the fœtus, child, and adult. Operations on the auricle and meatus. Operations on the membrana tympani and ossicles. Opening the antrum. The radical operation, &c.

### **The Clinical Examination of the Ear.**

Mondays, 5 to 7 P.M., commencing October 2nd.

*Fee*:—Two guineas.

Illumination, mirrors, specula, otoscopes; syringing, cleansing, and drying the external ear; the examination of the drum; Siegle's speculum; examination of the tympanic cavity; the mastoid region; the external ear in children; the nose and pharynx. Tests for hearing in their relation to diagnosis. The use of Politzer's bag, the Eustachian catheter, the tuning fork, and other apparatus for diagnosis and treatment.

### **The Physiology and Surgical Anatomy of the Nose and Throat.**

Mondays and Thursdays, 2 to 3 P.M., commencing October 2nd.

*Fee*:—Two guineas.

The nasal fossæ, their walls, mucous surfaces, nerves, blood supply, &c. The accessory sinuses of the nose, their situations, openings, relations, and the methods of their exploration. The physiology of smell and of nasal respiration. The pharynx and tonsils. The larynx. The trachea and œsophagus.



### **The Clinical Examination of the Throat and Nose.**

Wednesdays, 6 to 8 P.M., commencing October 4th.

*Fee* :—Two guineas.

The class will comprise full instruction in the examination of the throat and nose, with a view to :—

I. The diagnosis and treatment of diseases affecting the throat and nose, and

II. The elucidation of the relations which exist between diseases of the throat and nose and other diseases met with in general practice.

Cases will be shown to exemplify the diseases discussed, and for instruction in the methods of examination.

### **The Use of the Röntgen Rays in Medicine and Surgery.**

This subject will be taught in the laboratory, which has recently been equipped with the most modern apparatus. Instruction will be given in short courses of practical work under the supervision of Dr. Harrison Low, and each member of the class will have the opportunity of practising the necessary methods and processes. It is proposed that the laboratory shall be open for teaching on Mondays and Thursdays at 3 P.M., but in respect to days and hours, an endeavour will be made to meet the convenience of practitioners wishing to study this subject. *Fee* for four practical lessons :—Two guineas.

## **COURSES OF LECTURES.**

### **General Ophthalmology.**

By R. MARCUS GUNN, F.R.C.S.,

*Surgeon to the Royal Ophthalmic Hospital, Moorfields, &c.*

Fridays, at 3 P.M., commencing October 6th.

*Fee* :—One guinea.

LECTURE 1.—On the external examination of the eye.

LECTURE 2.—Visual tests.

LECTURE 3.—Syphilitic affections of the eye.

LECTURE 4.—Gouty, rheumatic and tubercular affections of the eye.

LECTURE 5.—Glaucoma.

LECTURE 6.—Ocular therapeutics.

### **Insanity: Its Medical and Legal Treatment.**

BY GEO. H. SAVAGE, M.D., F.R.C.P.,

*Lecturer on Mental Diseases, Guy's Hospital Medical School.*

Wednesdays, at 5 P.M., commencing October 4th.

*Fee* :—One guinea.

#### **OUTLINE OF COURSE.**

Medical, social, and legal relationships of Insanity.

Forms of Insanity and their relations to allied normal conditions.

Origin of Insanity, as a disorder, as a disease of the brain, as a symptom of bodily disease.

Development of symptoms, course and termination of the disorder.

Social and legal responsibilities involved in treatment.

### **Morbid Conditions of the Urine and their Clinical Significance.**

BY A. P. LUFF, M.D., B.Sc., F.R.C.P.

*Physician in charge of out-patients, St. Mary's Hospital.*

This course will consist of six lectures, which will be illustrated as far as possible by specimens of morbid urines.

The class will meet on Wednesdays, at 2 P.M., commencing October 4th.

*Fee* :—One guinea.

Urine in health; Constituents of urine; Physical characters of urine; Normal and abnormal urinary pigments; Albuminuria; Distinction of the various urinary proteids; Glycosuria; Acetonuria; Hæmaturia; Hæmoglobinuria; Choluria; Cystinuria; Examination of urinary deposits; Examination of urinary calculi; Estimation of urea, uric acid, sugar and albumin; Examination for casts, and their

significance; Alterations in the urine; Urine in the various forms of nephritis; Urine in suppurative nephritis and pyelitis; Urine in hydronephrosis; Urine in pyonephrosis; Urine in hydatids of the kidney; Uremia; Floating kidney.

### **Demonstrations on Skin Diseases.**

By JAS. GALLOWAY, M.D., F.R.C.S.

Wednesdays, at 4 P.M., commencing October 4th.

*Fee* :—One guinea.

Diseases of the skin due to vegetable parasites; the Ringworms, Favus, &c.; recognition and characters of their fungi.

The histology and bacteriology of Eczema and its allies.

The characters of Psoriasis, Lichen planus, and Pityriasis rubra pilaris.

Tubercular affections of the skin.

Malignant growths of the skin.

The demonstrations will include practical illustrations of the various diseases, and of their microscopic and histological characters.

### **Comparative Pathology.**

Tuesdays and Thursdays, at 3 o'clock, commencing October 3rd.

*Fee* :—Two guineas.

By WOODS HUTCHINSON, A.M., M.D.,

*Professor of Comparative Pathology in the University of Buffalo, U.S.A.*

I. Diseases of the Alimentary Canal, their similarities and differences in the various classes of animals. Diseases of the stomach in Carnivora. Diseases of the stomach in Herbivora. Diseases of the stomach in Mixed Feeders.

II. Diseases of the small intestine. Diseases of the various types of Cæcum.

III. Diseases of the Lungs and Chest Walls in various classes: Pneumonias; Bronchitis; Influenza; Pleurisies.

IV. Deformities of the Chest in relation to types of Respiration.

V. Diseases of the Heart and Blood: Valvular lesions; Myopathies; affections of the vessel-walls; Anæmias; Hæmoglobinuria of horses.

VI. Diseases of the Kidneys, Skin, and Appendages: Nephritis and its consequences; affections of the urine; Eczema, Acne, Psoriasis, Scabies.

VII. Tumours in Mammals, Birds, and Fishes. Analogous processes in plants.

VIII. Diseases of Genito-Urinary Organs: Cystitis; Stone; Syphilis; Menstrual disturbances.

IX. Gout in Animals and Birds.

X. Tubercle in Animals and Birds. Avian, Bovine, and Human types of Bacilli.

XI. Tubercle, zoological distribution. Susceptibility and immunity of various classes.

XII. Types of Tubercular Disease according to host. Methods of preventing its spread.

## CLASSES IN ASSOCIATION WITH THE COLLEGE.

### **Practical Bacteriology.**

BACTERIOLOGICAL LABORATORIES, KING'S COLLEGE, STRAND, W.C.

*Director.*—Professor CROOKSHANK.

*Demonstrator.*—Dr. NEWMAN, D.P.H.

*Assistant Demonstrator.*—Dr. WILKINSON, D.P.H.

(A) POST-GRADUATE CLASS.

*Daily:*—10 A.M. to 1 P.M.; and 2 P.M. to 5 P.M.

*Fee:*—Five guineas.

The Secretary for the Colonies has intimated to the Council of King's College that, in selecting candidates for the Colonial Medical Services, preference will be given (other things being equal) to

qualified medical men who have received such bacteriological or similar special training as King's College provides.

*A Certificate is granted for this course.*

This course includes admission to the Laboratory for practical work daily for a month during term, and attendance upon a course of Demonstrations on the following subjects :—

### SYLLABUS.

#### (a) MICROSCOPE—

Lenses—Spherical aberration—Chromatic aberration—Dry, water, and oil immersion objectives—The Stand—Ross model—Jackson model.  
Illumination—Daylight and Artificial light—Abbé condenser—Microscopical accessories—Micro-photography.

#### (b) MICROSCOPICAL METHODS—

Examination of fresh specimens—Cover-glass preparations—Ehrlich's method—Ziehl-Neelsen method—Gram's method, &c.  
Preparation of morbid specimens—Hardening—Embedding—Celloidin—Microtomes and section cutting.

#### (c) CULTIVATION METHODS—

Principles of sterilization—Bacteriological apparatus—Preparation of nutrient gelatine; nutrient agar-agar; glycerine agar-agar; blood serum; potato cultivations—Elsner medium.  
Test-tube cultivations—Plate cultivations—Drop cultivations—Examination of air, soil, water, milk, and sewage effluents.

#### (d) BIOLOGY OF BACTERIA—

Chemical composition—Respiration and nutrition—Form—Classification—Circumstances affecting growth; products of growth—Chromogenic, zymogenic, septic, and pathogenic bacteria—Nitrification.  
Ptomaines—Toxines and Antitoxines—Vaccines—Attenuation of virus—Protective inoculation—Immunity—Serum Therapeutics.  
Disinfection—Antiseptics.

#### (e) INFECTIVE DISEASES—

Anthrax—Symptomatic anthrax—Malignant œdema.  
Tuberculosis—Leprosy—Actinomycosis—Madura foot.  
Glanders—Syphilis—Beriberi—Yaws—Verruga pernana.  
Typhoid fever—Tropical typhoid—Dysentery.  
Swine fever—Swine measles.  
Cholera—Relapsing fever—Malaria—Dengue—Malta fever—Surra.  
Pneumonia—Rabbit septicæmia—Chicken cholera.  
Mouse septicæmia—Suppuration and septic complication—Tropical abscess—Strangles.



Tetanus—Rabies.

Scarlet fever—Diphtheria—Small-pox.

Cow-pox—Horse-pox—Sheep-pox.

Foot and mouth disease—Pleuro-pneumonia—Cattle-plague.

Influenza—Plague—Yellow fever.

Oriental sore—Human and Bovine ringworm.

The courses of instruction are similar to those given at the Pasteur Institute (Paris), and the Hygienic Institute (Berlin).

Text-Book of the Laboratory—"Crookshank's Bacteriology and Infective Diseases."

### (B) CLINICAL CLASS.

Wednesdays, 2 to 3.30 P.M.

Six clinical demonstrations, with practical work, will be given on Wednesdays, commencing October 4th.

*Fee* :—Two guineas.

(1.) Micrococci—Bacillus of Anthrax.

(2.) Tubercle and Leprosy bacilli.

(3.) Actinomyces Fungus.

(4.) Plague and Influenza bacilli.

(5.) Diphtheria and Tetanus bacilli.

(6.) Cholera bacillus—Malarial parasites.

Demonstrations will be given on each of the above subjects, and an opportunity given to every member of the class to examine sputum, &c., and to make a series of permanent preparations of the bacteria referred to above. Each student is provided with a microscope and all materials.

### Mental Diseases.

BETHLEM ROYAL HOSPITAL FOR LUNATICS.

*Lecturer*.—MAURICE CRAIG, M.D., M.R.C.P.

Tuesdays, 2 P.M.

*Fee* :—One guinea.

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|------|-----|---|
| Oct. | 3.  | Mania—Acute ; Hysterical ; Acute Delirious. |
| ,,   | 10. | Melancholia ; Hypochondriasis ; and Stupor. |
| ,,   | 17. | Delusional Insanity. Impulsive Insanities.  |
| ,,   | 24. | Alcoholic Insanity. Lunacy Law.             |

Oct. 31. General Paralysis.

Nov. 7. Puerperal, Lactational, and Climacteric Insanities.  
Dementia.

## Hygiene and Public Health.

BY WYNTER BLYTH, F.I.C., F.C.S.

LECTURE I.—AIR.—Composition of air. Impurities in air. Methods of estimation of carbon dioxide. Methods of estimation of carbon monoxide. Cubic space. General laws of ventilation. Ventilators. Methods of warming and ventilation.

LECTURE II.—CONSTRUCTION OF DWELLING-HOUSES.—Varieties of Dwelling-houses. Site, and means of obtaining sunlight and breeze. General construction. Methods of excluding ground air, vapour, dampness, and rain. Rooms, and internal arrangements of house. Surroundings of house.

LECTURE III.—HOUSE DRAINAGE.—Laying of Drains. Disconnection. Ventilation. Soil Pipes. Anti-Siphonage and Ventilation. Testing Drains and Soil Pipes.

LECTURE IV.—SANITARY APPLIANCES.—Water-Closets. Slop-Sinks. Urinals. Baths. Sinks. Treatment of Waste Pipes. Gullies. Defective Sanitary Arrangements.

LECTURE V.—REFUSE REMOVAL AND DISPOSAL.—Solid, liquid, and excretal refuse. Dry Systems. Fixed and movable receptacles. Disposal of various kinds of solid refuse. Deposition. Utilization. Destruction. Separate and combined systems of sewerage. Disposal of Sewage. Clarification. Precipitation. Filtration. Irrigation.

LECTURE VI.—SOURCES OF WATER.—Town and Country supplies. Pollution. Purification. Detection of Impurities. The Law as to Water Supply.

LECTURE VII.—INFECTIOUS DISEASES.—Incubation Periods. Duration of Infectivity. Compulsory Notification. Isolation. Removal to Hospital. Quarantine. School Closure. Fever and Small-pox Hospitals.

LECTURE VIII.—DISINFECTION AND DISINFECTANTS.—Deodorants. Preservatives. Antiseptics. Germicides. Chemical and Physical Germicides. Disinfection of interiors. Contained Air, Surfaces, and Contents of Infected Rooms. Treatment of various Infected Objects.

This class will be conducted at the Parkes Museum, Margaret Street, W. Date of first meeting, Wednesday, October 4th, at 4.30 P.M. Fee:—Two guineas.

Part I.]

[Price Five Shillings.

A DESCRIPTIVE CATALOGUE

OF TH

# CLINICAL MUSEUM

AND

JOURNAL OF PROCEEDINGS.

BY

JONATHAN HUTCHINSON,

F.R.S., LL.D.

TO BE OBTAINED AT

THE MUSEUM, 211, GREAT PORTLAND ST., LONDON,

J. & A. CHURCHILL, 11, NEW BURLINGTON ST., W.



# THE CLINICAL MUSEUM.

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## INTRODUCTORY STATEMENTS.

THE Institution which I have ventured to name a Clinical Museum is to some extent an experiment. It is an attempt to show that pictorial representations of disease may be of great use in advancing our knowledge of it, and next to ascertain what are the best methods of displaying them. It is not a new idea. The value of drawings, &c., has been recognised from the earliest times of clinical study, and museum makers from Aldrovandus to Hunter, and from Hunter onwards, have availed themselves of the artist's pencil in order to perpetuate what could not be otherwise preserved. Many Atlases of pathology and of clinical surgery, more especially in reference to skin diseases and syphilis, have from time to time been published. A certain number of models and casts, with even a sprinkling of drawings, have also found their way into our general museums of pathology. With, however, the single exception of the splendid collection at the Hôpital St. Louis in Paris, I am not aware that any attempt has yet been made to illustrate systematically the appearances which disease presents in the living subject. I had at one time hoped that this work would have been carried out on a suitable scale in our own College of Surgeons. In connection with the Erasmus Wilson bequest and the recent enlargements of the Museum buildings, there seemed good reason to believe that this hope was about to be realised. In this belief I even ventured to offer the whole of my own Collection for the acceptance of the College, appending, however, to my offer the condition that it should be adequately displayed and not put away in drawers or portfolios. As the Council did not see its way to engage that this condition should be fulfilled, the proposal fell through. The College has, however, devoted one of the galleries to the display of drawings and casts, and



of these it possesses a very valuable collection, not a few of the original drawings being unique. Having been forced to realise, however, that it was not probable that during my lifetime anything would be attempted at the College on the plan which I had contemplated, and several other schemes for conjoint enterprise having also come to nothing, I was compelled to fall back on myself and reluctantly to entertain the idea of building a gallery of my own. I had felt that my life was slipping away, and that I could not hope to have many years more in which to work. My collection of drawings, &c., had become large, and from the nature of the materials it would be comparatively useless should it pass into other hands without having been arranged and catalogued by myself. After several disappointments I was fortunate enough to secure the lease of a house behind which there was room for building, and during the summer of 1893 the galleries which now constitute the Museum (211, Great Portland Street) were built. They were opened in November, 1893. Although I was obliged very soon to realise that the space was much too limited, yet there has been reason to be fairly satisfied with the experiment as far as it has gone.

The design of the Clinical Museum is to collect, from all sources, delineations of diseased appearances in the living subject and of pathological specimens in their recent state, and to display them in such a way as to be easily accessible to the visitor. It would be absurd to relegate the bones and bottle-specimens which constitute the chief contents of our pathological collections to locked-up cupboards, and it is not less so to keep our drawings stowed away in portfolios. The needs of the present day are to be consulted by making everything as accessible as possible, and especially is display advisable in the case of pictures, of which one main value is that they strike the eye of the observer and teach their lesson at a glance.

The arrangements of the Clinical Museum are as follows: The larger rooms are lighted from the top, and thus as much wall space as possible is secured. Along the walls three tiers of ledges are placed, and on these ledges the drawings, each in a single plain frame, are placed. Thus the drawings can

be moved about at will, their grouping can be altered, or they can at a minute's notice be brought into the lecture room. The ledges are wide enough to allow, in the case of crowding, of one being placed behind another. Under the lowest ledge, downwards to the floor, are bookshelves, and to a certain extent it is proposed to place books which have reference to the portraits in proximity with them. A narrow table runs round some of the rooms on the top of the bookshelves, and this allows accommodation for albums which contain photographs, small drawings, and woodcuts which it has not been thought necessary to frame. As far as practicable it is intended to put these albums beneath the groups of framed drawings to which they belong. Thus beneath the portraits illustrating "Drug Eruptions" will be found an album referring to the same group. These albums will be numbered and their contents catalogued. In addition to the framed portraits and those in the albums, a large number, I am sorry to say, still remain in portfolios, and can be examined only on special application. Some of these are, it is true, duplicates; a few are not of sufficient value to merit a frame, whilst too large for an album; but the majority are such as would be framed at once if I had wall-space sufficient for their display. A drawing in a portfolio is, excepting for lecture purposes, of very little use. It is forgotten on the occasions when it might be useful, and it is difficult to find even if remembered and asked for. Drawings so kept, if much used, are also liable to receive damage and become worn.

One of the rooms of the Museum is arranged for lectures. Another small one is devoted to maps, atlases, gazetteers, and guide books, and especially to those bearing on medical climatology and the topography of disease. It is hoped, when this is complete, that it will be found useful in facilitating research and in aiding inquiries.\*

\* Any one visiting this room in its present state will be disappointed. I speak of what is designed rather than of what has been accomplished. One reason for mentioning it here is that I hope for assistance in carrying out the plan. All gifts of books referring to these subjects will be welcome. It is even hoped to arrange for the reception of information in manuscript, and thus to bring our knowledge of medical geography well up to date.

The Clinical Museum is in part a Library as well as a collection of pictorial illustrations. It contains many atlases and other illustrated books, and by no means excludes works which consist of letterpress only.

A development which is somewhat novel consists in a Collection of Extract-Books devoted to special subjects, in which extracts from journals and printed books are classified and indexed. The list of these Extract-Books given at page 8 will convey the best idea of their design. They save the reader the trouble of referring to the various books in which the original publication occurred, and bring into close and classified juxtaposition the recorded observations of many authors.

The drawings collected in the Clinical Museum are by no means illustrations of Diseases of the Skin and Syphilis only. Although for obvious reasons these subjects lend themselves most readily to the pencil of the artist, yet it is one main object of the collection to show how valuable drawings are in reference to the display of the results of disease in general. Nor, although most of the larger and more conspicuous drawings are original,\* have I had the slightest design of restricting what is displayed to my own observations. On the contrary, I have collected from all sources, and my guide in selection has been solely the value of the thing displayed. I have resolutely endeavoured to keep in the background artistic taste, and to put clinical value foremost. Thus, whenever I have found a coarsely executed woodcut or a hideous chromolithograph which yet, in spite of their ugliness, helped to the conception of valuable case-narratives, I have thankfully taken them. In many instances portraits will be found in frames, and in prominent positions, which make no sort of claim to artistic merit. ✓

The Museum as yet possesses but very few casts or models, and in this respect enters into no kind of competition with the St. Louis Collection. Many years ago, I had

\* In using the word "original" here as well as in the Catalogue, it is meant only that the drawings so designated were done under my direction and for me. I possess no artistic skill myself, nor if I did could I have spared time either for the brush or the camera.

a number of beautiful wax models executed for me by Mr. Tuson. They proved, however, much more difficult to protect from injury than coloured drawings, and were also less available for lecture purposes. Added to this, they were far more expensive. I had not the advantage of a modeller like Baretta, nor did we possess his secret, whereas Mr. Burgess could with his pencil portray morbid appearances in a manner which left but little to be desired. The result was that I fell back almost exclusively on drawings, and, on the whole, have seen no reason for regret.

One motive for desiring to have my collection displayed, was the wish to get the drawings classified and catalogued. This, however, owing chiefly to restricted space, has proved a matter of great difficulty. A commencement has been made by placing on the picture itself a description of it. This has been carried out regardless of appearance, the design of utility having been at all points kept firmly in view. Many of the portraits will be found to have a full case-history attached. In the majority, however, this has not as yet been accomplished. A portion of a Catalogue is herewith printed. The conditions of the Museum are such that it is impossible to offer a complete or systematic catalogue, and I have therefore thought it best to publish it in fragments. Not only does the Museum contain records of living objects, but it is designed to be itself living, to undergo developments, and to be perpetually changing. The groups will have to be rearranged and modified, and certain series will of necessity be sometimes displaced to make room for others. A catalogue in the ordinary sense of the term is, therefore, impossible. I purpose to publish from time to time a Museum Journal, which will contain descriptions of the portraits. On the frames of the latter will be inscribed a reference to the page of the Journal where it is described. This will enable the visitor to easily find for himself all the information extant respecting any individual portrait, but it will not, I am well aware, conversely allow of his finding any given portrait of which he may be in search. In furtherance of the latter object assistance can only be given up to a certain point, and in special instances it will be necessary to have recourse to



the curator. The arrangement in groups, will, however, be carried out as far as practicable, and will not be altered excepting with good reason.

The Museum Journal will also contain records of the cases of living patients brought forward at the Clinical Conferences. In the first instance lectures were given in the Museum itself, and were explanatory merely of its contents. It was soon found, however, as had indeed been anticipated, that these might be made much more interesting and instructive by the production of living patients.

I will not conceal the fact that it is my strong hope that what I have attempted will be imitated with better system and greater success by others. At some of our public institutions, with funds at disposal beyond what I can afford, clinical collections will, I hope, be formed on a far larger scale. For the adequate display and classification of such objects extensive galleries are required. In such, classifications might be carried out in a manner which I have not been able even to attempt. I should like to see a collection so complete that the visitor might go in confidence that he would there find representations well grouped of all forms and varieties of external disease; as nearly complete, for instance, for Clinical materials as is our College of Surgeons' collection for Anatomy and Pathology. Such a collection would, I feel sure, be of the utmost use in the advancement of clinical research. The accumulation of pictorial representations appears, indeed, to me to be absolutely essential to the development of exact knowledge on these topics. These objects give to the Clinician the same kind of help that mounted dissections do to the Anatomist.

I am also anxious that our Medical Schools should realise the value of these collections for educational purposes. A student's museum need not contain rarities, but surely it would be a great help to those not as yet instructed in diagnosis if, in addition to their ward studies, they had the opportunity for seeing at leisure good representations of the type-forms of external disease and its symptoms. It is my aim to show that this is practicable at no very extravagant cost.



In reference to the question of cost, it may be remarked that it is chiefly the original drawing which is expensive. If this has once been made it may be copied for a third of the artist's first charge,\* whilst if it have been lithographed copies may then be obtained for an almost nominal payment. For most of the more common diseases the time will soon be reached when it will not be needful to have any more original drawings executed.

I must not conclude this short notice of what has been done or attempted in connection with the Museum without expressing my obligation to many who have assisted. My eldest son has throughout been a colleague in the work, and in the capacity of curators I owe much to the zealous help of, first, Mr. Woollacot, and since his resignation of Mr. F. G. Scott. These gentlemen have worked indefatigably in the making of the extracts and in assisting at the Tuesday afternoon Demonstrations.

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From the following the Museum has received valuable gifts of books or photographs :—

The British Medical Association (per Mr. Ernest Hart).

Mr. Mitchell Banks (*The Liverpool Medical Journal*).

Sir Benjamin Ward Richardson (*The Asclepiad*).

Dr. Thomas Savill.

Dr. Albert Kisch.

Dr. Radcliffe Crocker.

Dr. Shuttleworth.

Dr. Fingland (of Wavertree), and many others.

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The Museum is always open on Tuesdays from two to six. It may be seen at any time on special application. The present Curator is Dr. Williams, to whom, at No. 1, Park Crescent, all inquiries should be addressed.

\* I shall at all times have pleasure in facilitating the copying of any drawings that I possess.

CATALOGUE  
OF THE  
EXTRACT-BOOKS  
AT PRESENT IN USE IN THE  
LIBRARY OF THE CLINICAL MUSEUM.  
*March, 1894.*

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**I. MISCELLANEOUS.**

- 1 Comparative Pathology.
- 2 Vegetable Pathology.
- 3 Bacteriology.
- 4 Climatology.
- 5 Statistics of Disease (Foreign).
- 6 Statistics of Disease (England).
- 7 History of Disease.
- 8 Hospital Statistics.
- 9 Operative Surgery. (See also Special Organs.)
- 10 Antiseptics.
- 11 Abscess.
- 12 Anæsthetics.
- 13 Instruments.
- 14 Appliances.
- 15 Plastic Surgery.
- 16 Pyæmia and Phlebitis. (See also 54.)
- 17 Septicæmia. (See also 77.)
- 18 Geography of Disease.
- 19 Laws of Contagion.

- 20 The Exanthemata.
- 21 Vaccination.
- 22 Cholera.
- 23 Influenza.
- 24 Erysipelas.
- 25 Glanders. (See also 247, 270.)
- 26 Rabies.
- 27 Leprosy. (See also 247.)
- 28 Diphtheria and Croup. (See also 64, 162.)
- 29 Laws of Inheritance.
- 30 Tuberculosis. (See also 123, 265.)
- 31 Scrofula.
- 32 Hæmorrhagic Diathesis.
- 33
- 34
- 35 Diabetes. (See also 145.)
- 36 Albuminuria. (See also 126.)
- 37 The Urine. (See also 126.)
- 38
- 39 Drugs. (See also 190.)
- 40 Antimony.
- 41 Arsenic.
- 42 Lead and Plumbism.
- 43 Mercury.
- 44 Opium.
- 45 Thyroid Feeding. (See also 62.)
- 46 Iodides, Bromides, &c.
- 47
- 48 Lymphadenoma. (See also 85.)
- 49 Fatty Tumours.
- 50 Tumours, Non-Malignant. (See also 107, 170.)
- 51 Cancer and Malignant Diseases. (See also  
Special Organs.)
- 52 Congenital Tumours.

- 53
- 54 Diseases of Veins. (See also 16.)
- 55 Diseases of Arteries.
- 56 Aneurism.
- 57 Defects in Development. (Teratology.)
- 58 Dwarfs and Albinism.
- 59
- 60 Harelip and Hypospadias, &c.
- 61 The Thyroid and Bronchocele. (See also 45.)
- 62 Myxœdema and Cretinism.
- 63 Graves' Disease.
- 64 The Larynx. (See also 28.)
- 65 Diseases of Ear. (See also 101.)
- 66 „ Nose. (See also 98.)
- 67 „ Mouth.
- 68 Xerostomia.
- 69 The Tongue.
- 70 Diseases of Throat. (See also 28.)
- 71 The Œsophagus.
- 72 The Parotid and Mumps.
- 73
- 74
- 75 The Breast. (See also 50, 51.)
- 76 Gynæcology.
- 77 The Sexual System.
- 78 The Uterus. (See also 51.)
- 79 The Ovaries.
- 80 The Testis. (See also 130.)
- 81 The Penis.
- 82 Helminthology.
- 83 Hydatids.
- 84 Malaria and Paludism. (See also 146.)
- 85 The Lymphatic System. (See also 48.)
- 86 Food and Diet. (See also 177, 178, 179.)

- 87
- 88 Alcoholism and Inebriety.
- 89 The Hands.
- 90 Chlorosis.
- 91 Beri-Beri.
- 92

## II. HEAD AND SPINE.

- 93 The Skull. (See also 264.)
- 94 Fractures of the Skull. (See also 268.)
- 95 The Spine. (See also 264.)
- 96 Fractures of Vertebrae. (See also 268.)
- 97 Nervous System. (See also 251.)
- 98 Olfactory Nerve. (See also 67.)
- 99 Third, Fourth, and Sixth Nerves. (See also 167.)
- 100 Fifth Nerve. (See also 112.)
- 101 Seventh Nerve. (See also 65.)
- 102 Pneumogastric.
- 103 Peripheral Neuritis.
- 104 Diseases and Injuries of Nerves.
- 105 Meningitis.
- 106 Syphilitic Meningitis. (See also 250.)
- 107 Brain Tumours. (See also 50, 51.)
- 108 Epilepsy. (See also 247.)
- 109 Paraplegia. (See also 246.)
- 110 Tabes Dorsalis.
- 111 Syringomyelia.
- 112 Neuralgia and Pain.
- 113 Headache.
- 114 Tetanus.
- 115 Hysteria.
- 116 Idiocy.
- 117 Idiocy from Congenital Syphilis.



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### III. CHEST.

121 The Heart.

122 Heart, Malformations of.

123 The Lungs. (See also 30.)

124 Empyema.

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### IV. ABDOMEN.

126 The Kidney.

127 The Bladder.

128 Calculus.

129 The Urethra.

130 Gonorrhœa.

131 The Vesiculæ Seminales.

132 The Prostate. (For Testes, &amp;c., see 80.)

133

134 Strangulated Hernia.

135 Obstruction of Bowels.

136 Hernia, Radical Cure.

137 Hernia (Forms of).

138 Intussusception.

139 The Intestines.

140 Cæcum and Appendix.

141 Rectum and Anus.

142 Stricture of Bowel.

143 Imperforate Bowel.

144 The Stomach.

145 The Pancreas. (See also 35.)

146 The Spleen. (See also 84.)

- 147 The Supra-renals.
- 148 The Liver.
- 149 Gall-bladder and Gall-stones. (See also 135, 9.)
- 150 Wounds of Abdomen.
- 151 The Peritoneum.
- 152 Hæmorrhage from Stomach or Bowels.
- 153
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## V. EYE.

- 156 Ophthalmology. (Miscellaneous.)
- 157 Syphilitic Diseases of Eye. (See also 248, 249, 250.)
- 158 Gouty Diseases of Eye. (See also 258.)
- 159 Refraction and Accommodation.
- 160 Ulcers of Cornea.
- 161 Xerophthalmia.
- 162 Diphtheritic Ophthalmia. (See also 28.)
- 163 Sympathetic Ophthalmia.
- 164 Eye Operations. (See also 9.)
- 165 Wounds of Eye.
- 166 Syphilitic Keratitis. (See also 254.)
- 167 Ophthalmoplegia. (See also 99.)
- 168 Optic Neuritis.
- 169 Colour Blindness.
- 170 Tumours of the Eye. (See also 50.)
- 171 Cataract.
- 172 School Ophthalmia and Granular Lids.
- 173 Retinitis Pigmentosa.
- 174 Diseases of the Eyelids.
- 175 Purulent Ophthalmia.
- 176 Iritis.

**VI. SKIN.**

- 177 Scurvy. (See also 86.)
- 178 Food Eruptions. (See also 86.)
- 179 Pellagra.
- 180 Urticaria and Prurigo.
- 181 Eczema.
- 182 Carbuncles and Boils. (See also 223.)
- 183 Herpes.
- 184 Dermatitis Herpetiformis.
- 185 Pemphigus.
- 186 Psoriasis.
- 187 Pemphigus vegetans.
- 188 Bazin's Malady and Allies.
- 189 Porrigo.
- 190 Drug Eruptions. (See also 39 and 46.)
- 191 Acrodermatitis.
- 192 Lichen and Allies.
- 193 Lichen Planus.
- 194 Pityriasis.
- 195 Psoro-spermosis.
- 196 Purpura.
- 197 Keloid.
- 198 Ichthyosis and Xerodermia.
- 199 Morphœa and Sclerodermia.
- 200 Elephantiasis.
- 201 Molluscum fibrosum.
- 202 Lupus vulgaris.
- 203 Lupus Erythematosus.
- 204 Rhinoscleroma.
- 205 Tuberculosis of Skin.
- 206 Syphilitic Exanthems.
- 207 Syphilitic Lupus (Tertiary).
- 208 Yaws.

- 209 Moles and Nævi.
- 210 Rodent Cancer.
- 211 Granuloma Fungoides.
- 212 Melanosis and Melanotic Sarcoma.
- 213 Sarcoma and Malignant Diseases of Skin.
- 214 Acne and Sycosis.
- 215 Adenoma Sebaceum.
- 216 Linear Atrophy and Cicatrices.
- 217 The Hair.
- 218 Alopecia.
- 219 The Nails.
- 220 Animal Parasites on Skin.
- 221 Vegetable Parasites on Skin.
- 222 Molluscum Contagiosum.
- 223 Malignant Pustule.
- 224 Actino-Mycosis.
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- 226 Gangrene.
- 227 Dermatitis Gangrenosa.
- 228 Raynaud's Malady and Acro-sphacelus.
- 229 Factitious Diseases.
- 230 Gouty Affections of Skin. (See also 258.)
- 231
- 232 Lentigo and Sun-eruptions.
- 233 Kaposi's Disease.
- 234 Congenital Streaks (Ichthyosis Herpetiformis).
- 235 Xanthoma.
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- 237 Dermatology. (Miscellaneous.)

## VII. SYPHILIS.

- 238 Primary Syphilis. (See also 157.)
- 239 Secondary Syphilis. (See also 157.)

- 240 Tertiary Syphilis. (See also 106, 157.)
- 241 Syphilitic Affections of Nervous System. (See also 97.)
- 242 Infantile Syphilis.
- 243 Inherited Syphilis in Young Persons. (See also 166).
- 244 Second Attacks of Syphilis.
- 245 Hemiplegia in Syphilis.
- 246 Paraplegia in Syphilis.
- 247 Epilepsy in Syphilis.

### VIII. BONES AND JOINTS.

- 248 Gout. (See also 158, 240.)
- 249 Rheumatism.
- 250 Rheumatic Gout.
- 251 Rickets and Osteo-malachia.
- 252 Osteitis Deformans.
- 253 Acromegaly.
- 254 Diseases of Bone.
- 255 Diseases of Joints.
- 256 The Epiphyses.
- 257 Dislocations.
- 258 Fractures.
- 259 The Teeth.
- 260 The Jaws.
- 261 The Muscles, Bursæ, and Tendons.
- 262 Myositis Ossificans.

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It must be understood that these Extract-Books have but just been begun, and that many of them as yet contain but very little. They may be consulted on Tuesday afternoon or, on special application, at any time.



# DESCRIPTIONS OF PORTRAITS, Etc.,

CONTAINED IN

## THE MUSEUM.

WITH NOTES CONCERNING THE CASES ILLUSTRATED.

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[For reasons already explained, I have found it impossible at the present to construct a classified catalogue of the contents of the Museum. I therefore print the following descriptions of the portraits, *ad interim*, in order to serve the convenience of visitors. In each instance the page and reference letter will be found on the portrait.]

### LEPROSY.

#### SOME GENERAL STATEMENTS.

These portraits, collected from various countries, appear to me to give strong support to the following conclusions:—

That Leprosy is the same disease in all countries in which it is endemic.

That its early stage is always a dusky spot or erythematous patch.

That well-characterised “tubercles” are never present in the early stage.

That tubercles occur only on certain parts of the surface, the face and hands chiefly. No portrait that I possess shows them on the trunk.

That there is only one disease, Leprosy, and that the so-called tubercular form is only a stage—an advanced and not very common one—of the macular, erythematous or anæsthetic form.

That it is very important not to forget that leprosy and syphilis may be present in the same patient.

That ulcers, vesications, affections of the tongue and mouth, mutilations, contractions, paralyses, blindness, &c., are somewhat exceptional complications occurring chiefly in protracted and severe cases.

That the disease may, under favouring conditions, come to an end.

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In addition to the framed portraits and those contained in the Portfolio, there is a Leprosy Album containing smaller drawings and photographs, and also a volume of Extracts from Journals.

## ILLUSTRATIONS OF LEPROSY.

### [A.] A LEPROSY GLOBE.

With the Leprosy portraits is placed an embossed globe, upon which the distribution of Leprosy has been marked with as much accuracy as my knowledge permits. In the portfolio will be found Professor Leloir's map of the distribution of Leprosy, and also that published by Dr. Abraham. Numerous works on Leprosy, the Report of the Royal College of Physicians, *The Leprosy Journal*, and the Report published by the Prince of Wales' Commission on Leprosy, will be found in juxtaposition with the globe and the portraits.

An inspection of this globe will impress the fact that Leprosy is a disease almost confined to sea-shores, islands, and river-valleys, and that it prevails under the utmost diversity of climate—in the tropics and almost to the arctic circle.

The portraits in frames comprise the following:—

### [B.] LEPROSY IN THE MACULAR STAGE, WITH RETROGRESSIVE CHANGES.

No. 1. From the Atlas of Daniellsen and Bœck. The back of a man showing dark patches arranged symmetrically, many of which are white in their centres. This is a good illustration of what is known as Macular Leprosy. The white centres of the patches show the stage of retrogression, and were probably anæsthetic.

No. 2. This portrait (the back of an adult) shows macular leprosy assuming the form of diffuse erythema. As yet there is no retrocession.

[C.] LEPROSY IN THE ERYTHEMATOUS STAGE, WITH  
RETROGRESSIVE CHANGES.

No. 3. The front of the knee and thigh of a man who was the subject of leprosy erythema. I have published the full particulars of the case in the London Hospital Reports, vol. i. He was a Scotch sea captain, who had traded to the West Indies, but who had never lived long there. Patches of white are seen upon a dusky erythematous surface; these patches were anæsthetic.

[Burgess.]

[Original, J. H.]

[D.] LEPROSY IN THE ERYTHEMATOUS STAGE, WITH  
RETROGRESSIVE CHANGES.

No. 4. The upper extremity of a boy who was the subject of leprosy erythema, which was in parts extending and in others was undergoing retrogressive changes. The parts affected were considerably thickened and the edges raised. It will be seen that his ulnar fingers are livid, and bent into the palm. His earliest symptom had been paralysis of the ulnar nerve (probably the first patches on his hands had been overlooked). Several years after this portrait was taken he became the subject of a most exaggerated form of tubercular leprosy on his face. His hands and feet ulcerated. Thus his case proved that the tubercular condition might supervene long after the stages of erythema, nerve-disease and anæsthesia. He died of lung disease (tubercular), about ten years after the commencement of his leprosy.

[Burgess.]

[Original, J. H.]

[E.] LEPROSY IN THE MACULAR STAGE.

No. 5. Portrait from Neumann's Atlas (copied from Daniellsen), showing the face and shoulders of an elderly man. His shoulders are covered with dusky spots; the macular stage of leprosy. On the face the spots have

coalesced, and there is a condition of diffused erythema, with some hypertrophy in loose folds about the forehead and cheeks. There are no characteristic tubercles. The margins of the erythema on the scalp are abrupt.

[F.] LEPROSY IN ERYTHEMATOUS AND TUBERCULAR STAGES.

No. 6. Portrait of a woman, showing arms and face. She was the subject of leprosy chiefly in the erythematous stage, but on the face there are well characterised tubercles. She was an Irishwoman who had lived in India. She was the subject of the New Sydenham Society's portrait of leprosy, and her case is given in detail in the catalogue (page 94). She was quite blind.

[Burgess.]

Original, J. H.]

[G.] LEPROSY IN ERYTHEMATOUS AND TUBERCULAR STAGES.

No. 7. The coloured portrait of the same patient as No. 6.

[Burgess.]

[Original, J. H.]

[H.] LEPROSY IN ERYTHEMATOUS AND MACULAR STAGES, WITH IMPLICATION OF NERVE TRUNKS.

No. 8. The legs of a young man in an early stage of leprosy. It will be seen that both feet are dusky and speckled over with brown spots. On the left instep there are two large brown patches; the right foot is the more severely affected, and it will be seen that the toes are not only brown but livid from defective circulation. In this leg the nerves had become secondarily affected. The portrait was taken in order to show the wasting of the anterior tibial set of muscles; those of the calf were also in some degree attacked. This condition of the feet is not unfrequently one of the earliest stages of leprosy.

[Burgess.]

[Original, J. H.]

[I.] DISSECTION SHOWING NERVES IN LEPROSY.

No. 9. This portrait, from Daniellson and Boeck's Atlas, shows the leg dissected. The posterior tibial nerve is very

much enlarged in the lower two-thirds of its course. The anterior tibial and other nerves are also affected, though in less degree.

[J.] DISSECTION SHOWING ENLARGED NERVE TRUNKS IN LEPROSY.

No. 10. From Daniellsen and Bœck's Atlas. The upper extremity dissected, showing great enlargement, fusiform, and differing in extent in different parts, of the ulnar, median, and some other nerves. These two portraits are, I believe, the earliest published illustrations of nerve affections in leprosy—they have been frequently copied.

[K.] SYPHILIS WITH LEPROSY.

No. 11. A series of portraits in which the conditions shown suggest that syphilis as well as leprosy was present. This is chiefly indicated by the destruction of the nose, and especially by the evidences of loss of bone. In none of these is the history of the individual patient obtainable, and the diagnosis is therefore conjectural only.

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In the PORTFOLIO for LEPROSY are numerous plates and photos from various sources, illustrating different stages and conditions of the disease. Amongst them the following:—

[L.] SYPHILIS AND LEPROSY.

No. 1 shows a man in whom the bridge of the nose has been lost, and who is also blind and extensively scarred over the face. Very probably this case was complicated by syphilis, to which the sinking in of the nose was due.

[M.] LEPROSY IN THE STAGE OF CURE.

No. 2 is a portrait of a man in whom leprosy had been arrested, after severe damage to all the extremities. This man had lived in London for many years before the leprosy disclosed itself; after his recovery he gained his livelihood as a messenger in one of the London markets, and at one time his case excited much public attention. He has not for some years shown any signs of aggressive disease, and may be



regarded as an instance of recovery. Dr. Abraham has recorded his case.

No. 3 is a good illustration of contraction of the fingers without actual mutilation, and of great wasting of the muscles of the hand.

No. 4 (from Bergen) shows numerous ulcers on the backs of the hands and fingers without any contraction or mutilation.

No. 5 is a good illustration of the mutilation of a foot.

Not a few of the photos show a condition which suggest the coincidence of syphilis with leprosy. These remarks especially apply to cases where there is extensive loss of bone.

#### [N.] LEPROSY WITH SYPHILIS.

Five portraits of leprosy patients, illustrating (in all probability) the co-existence of syphilis with leprosy. No history of the individual patients is forthcoming in any of them, and this diagnosis is ventured upon the strength of the conditions shown in the photographs. In all five the nose is sunken and deformed exactly as is so common in tertiary syphilis from destruction of bones. It will be seen that in all, the character of the skin disease, which is that of an ulcerated, crusted lupus, limited to certain parts, much more closely resembles the ravages of syphilis than those of uncomplicated leprosy. Respecting the left-hand lower portrait—the sailor in white—no doubt can be felt, from the condition of his hands, that he was a leper. In none of the other three is there anything in the photograph to make it certain that the conditions were due to anything more than syphilis. As, however, the diagnosis of leprosy was made by those who saw the patients, no doubt there were other features, not shown in the photographs, which rendered it conclusive. The cases in which the ravages of syphilis complicate those of leprosy are very common, and it is by no means improbable that the one is often mistaken for the other.

#### [O.] LEPROSY WITH SYPHILIS—AFFECTION OF TONGUE.

No. 2. Tomonoku.

"Father was a leper before the patient was born. When

young, he had a scabby eruption on the head, arms, and legs; enlarged inguinal glands at eight. He began to have sexual intercourse at fifteen, and shortly after had gonorrhœa with chancres and buboes. At twenty-two had severe nocturnal pains affecting bones and joints and back. Three years ago developed symptoms—total loss of eyebrows, coated tongue, nails cracked, also enlarged lobes of ears and tubercles as shown.”

In this instance, with the history above given, it is impossible to say whether the disease of the tongue was due to syphilis or leprosy.

Photographed by J. H. van Giesen, Branch Leper Hospital, Honolulu.

Mr. Van Giesen estimated that more than half the lepers in his establishment had tongues such as here shown.

#### [P.] LEPROSY WITH SYPHILIS.

“Hannah, aged 16. Grandchild of leper on father’s side. When about eight she had an eruption or sore on left cheek, for which she was treated by Dr. McRiffen. Sore left a large scar. Began to have sexual intercourse at fifteen, and shortly afterwards present symptoms developed. Well marked mucous patches as shown. Tongue badly cracked and fissured. Posterior cervical glands on right side much enlarged, three being distinctly felt in a chain. Thick raised irregular scabs like limpet-shells, with greenish tinge, circular, about three-quarter inch diameter, on elbows and right gluteal region. Lobes of ears much enlarged, eyebrows nearly gone. Look at the fingers and see how they are enlarged; this enlargement involves bone.”

Photographed by J. H. van Giesen, Branch Leper Hospital, Honolulu, by whom the above particulars were supplied.

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### DISEASES OF THE SKIN.

#### [A.] ICHTHYOSIS HERPETIFORMIS.

Two portraits, back and front of the same boy, showing Ichthyosis in streaks. The conditions, so far as the photographs show, would appear to have been almost exactly

symmetrical, but with greater severity on the left than on the right side. The right buttock appears to be almost free, so is the upper part of the chest, and perhaps both upper extremities. From Professor Fournier's Clinique in the Hôpital St. Louis.

[B.] AN UNDIAGNOSED PERSISTING ERUPTION IN  
ONE ARM.

This portrait shows the front of the arm of a girl aged 13. It is one concerning which I have lost my notes. I remember the patient well, but I do not know anything concerning her since the portrait was taken.

Her name was Sarah J——, and she was thirteen years of age on May 1st, 1876.

She suffered from a very peculiar eruption, which was, I believe, limited to the arm shown. It resembled somewhat the persistent wheals of urticaria, but was arranged in a long streak, which crossed from the arm in front of the elbow downwards almost to the wrist. It had been present, I believe, some months, possibly much longer. I did not make any nominal diagnosis, but suspected that it might be allied to morphœa.

[Burgess.]

[Original, J. H.]

[C.] LEUCODERMA OF FACE IN A BRUNETTE.

This portrait is of interest because I had an opportunity of examining its subject sixteen years after it was taken. The boundaries of the blanched areas in the face had not altered, but they were far less distinct than formerly. The white skin had become redder, and, although still pale, less so. The brown parts of the cheeks were redder and less brown. Mrs. G—— was stouter and more ruddy.

The patch seen on the right temple was still present, and of exactly the same size as that shown in the photograph. But it was so indistinct that I should have overlooked it, had I not seen it in the photograph. The contrasts of the patches on the face generally were indeed so slight, that I did not notice any peculiarity until Mrs. G—— told me who she was.

The chin and neck were the whitest parts. On the chest and trunk it was not easy to recognise any patches, but the skin generally had become very white. There were no abruptly margined patches to be recognised on the forearms, but an ill-margined mottling—some parts being brown and some lighter, but none absolutely white.

As to the beginning of the disease, Mrs. G—— thinks that her mother had noticed it when she was a girl. She had not herself observed it till after she married. It is possible that she first noticed it owing to increase in pigmentation, which brought out the contrast. The important fact is that there had been no tendency to extension of the white patches since the photograph was taken sixteen years ago.

Portrait taken June 10, 1876. She came for demonstration again at H. S. D., 1886, and again in Jan., 1893. Now aged 40.

[Burgess.]

[Original, J. H.]

#### [D.] LEUCODERMA.

Portrait of a fruit-stall keeper, a native of Sulon, aged 45, admitted into the St. Joseph Hospital, Sulon, Dec., 1863, affected with diarrhœa. He stated that the white spots came on four years ago, and were first noticed on the arms. Progress of case unknown.

Presented by Dr. P. Comrie.

#### [E.] LEUCODERMA IN THE DARK RACES.

Drawings from three different patients representing leucoderma in individuals of dark races. Two of them are mulattos, and the third a native of Sulon. The strong contrast between the leucodermic patches and the rest of the skin is very marked. It will be noted in all three patients that although the symmetry is not exact, yet there is a very definite tendency to it. It was perhaps not yet complete. It will be seen in all that the face, in comparison with the trunk and limbs, has almost escaped. In the two women, white patches are seen commencing about the mouth and eyelids. The portrait of the Sulon patient was given to Mr. Hutchinson by Dr. P. Comrie.



[F.] VERY SEVERE CONGENITAL ICHTHYOSIS  
—SEVERAL BROTHERS AND SISTERS AFFECTED.

(*See portrait of face, &c.*)

Louisa M—, aged 12. December, 1876, London Hosp. In this portrait, more of congestion and of the eczema-like conditions is represented than were really present. The parts were quite dry, and the fingers were smooth and almost polished, as if they had been exposed to constant friction with some oily substance. They were not in the least painful or sore. The skin was rigid, and if pinched the wrinkles remained some time.

[Burgess.]

[Original, J. H.]

[G.] ERYTHEMATOUS URTICARIA.

The arm of a woman, aged about 45 years, who was under my care in the Metropolitan Hospital in 1860. She suffered from an acute form of erythematous urticaria. The eruption had been present only about a week, and I believe that it soon disappeared. Whether it was connected with any special article of food or drug could not be definitely ascertained.

[Burgess.]

[Original, J. H.]

[H.] TRANSITORY ERYTHEMA OF LEGS IN ASSOCIATION WITH DYSPEPSIA.

A woman in London Hospital. She had a very furred and tremulous tongue, and was believed to be intemperate. (See sketch of tongue.) She again came in March, 1871 (three years after this portrait was taken). Was then in good health, and had had no return of erythema. Tongue still coated; but she would not admit intemperance. Had been almost constantly under care since 1868 for dyspeptic ailments. It may be asked, was this transitory attack of erythema caused by any drug which had been given?

[Burgess.]

[Original, J. H.]



## [I.] PSORIASIS RESEMBLING RUPIA.

The arm of a man æt. about 60. Under care at the London Hospital, 1868. Eruption had been out for six weeks; no history of syphilis.

Some of the patches had limpet-shaped crusts of the most characteristic form; but they consisted chiefly of epidermis, and had little or no ulceration at the base.

On the opposite side were few patches, and none of them with conical crusts. On the scrotum and penis there were excoriations of an eczematous character. In the middle of the back was a psoriasis patch, as shown in Portrait II.

The old man was feeble, and appeared worn out. He had lived badly. I could not discover any special dyscrasia.

[Burgess.]

[Original, J. H.]

[J.] WARTS ON THE FACE—SPONTANEOUS DIS-  
APPEARANCE.

Portrait of a young man, æt. about 16, in whom a very large crop of warts had appeared on the face and hands. They were in all respects of the ordinary kind. This portrait was taken after they had been present a few months.

A certain number of them, though not nearly all, were touched with the acid nitrate of mercury, and shortly after this *the whole crop disappeared*. As regards the majority the disappearance was certainly spontaneous.

[Burgess.]

[Original, J. H.]

## [K.] LICHEN PILARIS (DEVERGIE'S LICHEN).

Sketch of a forearm and hand. The arrangement of the lichen spots, in connection with the hair groups on the back of the hand, is very well seen in the sketch. On various parts of the surface there are small epidermic horns (sebaceous?) They are like those shown in a wax model of mine in the London Hospital Museum.

It will be noticed that the groups of lichen spots are arranged on the backs of his hands, fingers, &c., exactly where the hairs grow. In various parts there are small epidermic

horns extruded from the hair follicles. It is an example of the Pityriasis Pilaris of Devergie.

Samuel D——, æt. 12. London Hospital, Dec., 1873.

[Burgess.]

[Original, J. H.]

### [L.] PEMPHIGUS FOLIACEUS.

Portrait of head and shoulders of woman. Mrs. H——, æt. 41, a laundress, had no eruption till nine months before admission. She believed that she had previously been cured of the itch. Her present eruption began nearly nine months ago as a large bleb in front of ear, and then spread to the whole surface excepting the hands and face. It begins as bullæ, which dry up and are followed by peeling of the epidermis in thickish flakes. It itches intolerably, and scratching much aggravates it and is followed by blebs. When first seen, there were numerous papules arranged in groups like measles on the parts not occupied by scabs; and amongst this papular rash were many vesicles of various sizes. The scabs were not elevated, and were not situated on ulcerated bases as in rupia (at any rate there was an absence of deep ulceration). Admitted at H. S. D., June 11, 1868.

She improved under arsenic, but relapsed, and was repeatedly in the London Hospital for relapses, for which she was treated with tar lotion. She had been a widow for eight years when it first came out. The eruption itched frightfully: much worse, she said, than the scabies which she had previously had.

I heard of this patient two years later in another hospital. Application was made to me for the prescription for a tar lotion which she alleged relieved her more than anything else. I believe that she died of the disease, but do not know the date.

J. H., A. p. 83, and Private Book H<sup>2</sup> 128, at H. S. D.

[Burgess.]

[Original, J. H.]

### [M.] ILLUSTRATION OF EFFECTS OF CHRYSOPHANIC ACID IN CURE OF PSORIASIS.

This portrait shows the arms of a man who had been for about six weeks in the London Hospital for psoriasis. He had

taken arsenic the whole time, and an experiment had been made in the use of different local measures on the two lateral halves of the body. On the one side an ointment containing chrysophanic acid (a drachm to an ounce) had been used, and on the other one containing coal tar. The result was that at the end of six weeks one lateral half was quite well, whilst on the other, although the scales had been removed, the patches still remained visible. It was in order to illustrate this difference that the portrait was taken.

Subsequently, by the use of chrysophanic acid on the other side also, the whole surface was got well. The arsenic had also been continued. I saw this patient repeatedly during the next ten years. He had frequent relapses of the psoriasis, but in a mild form, and always amenable to treatment.

George P——, aged 22, London Hospital, April 10, 1878.

[Burgess.]

[Original, J. H.]

#### [N.] PERSISTING AND SERPIGINOUS ERYTHEMA OF CHEEK.

Dr. Manley Sims brought to me a lady, aged 46, who had a very curious erythematous patch on her right cheek. She was good enough to allow us to take her portrait (Miss Green). The patch occupied the upper part of the left cheek, and was not very abruptly defined. It was of a rather dusky red, a little raised, and looked very much like erysipelas. It had been present, however, for three months, and was only very gradually extending. Quite recently an indefinite satellite patch of erythema had formed a little below it. Distinct but slight thickening of the part had been noticed from the first, and at one time it had been suggested that there might be a plugged vein. Beyond a little burning at times there had been no subjective symptoms. The patient was rather spare, and of gouty tendencies, but not specially out of health. No local cause was assignable.

Sept. 28, 1892. It is four months since I saw Mrs. F——.

The patch has disappeared to a considerable extent on the cheek, but has travelled by an irregular border towards the ear and temple. It now consists of dusky erythematous

blotches, quite irregular in outline and only partially connected with each other, which extend from temple downwards in front of ear. She says that the amount of congestion varies much at different times. Where it has left the skin is whiter than natural, but it would be an exaggeration to call it scar.

Left eyelid puffy. She describes a condition of eyelid as if there had been extravasation of blood, "like a bruise which became yellow." A month before, "a vessel had given way" on the conjunctiva. She has a hard pulse. A cold wind makes her face worse (*i.e.*, flushes the right cheek). Her mother had repeated ruptures of vessels on the eye, and finally, at 73, died of apoplexy.

[Miss Green.]

[Original, J. H.]

#### [O.] ACRO-DERMATITIS WITH INTERTRIGO.

Miss W—— (Sept. 3, 1883), *æt.* 17.

The disease began ten years or more ago under arm-pits and behind knees. Psoriasis of finger ends. The condition was a mixed psoriasis-eczema. The finger ends were inflamed round the roots of the nails. It was reported to be worse every spring.

October 2nd. We gave arsenic in very full doses. She has taken it one month. The eruption is somewhat better; she does not feel ill; but the face and eyelids are somewhat puffy and feel stiff. It has formerly been an intertrigo in popliteal spaces and armpits.

[Burgess.]

[Original, J. H.]

#### [P.] ACRO-DERMATITIS, WITH PECULIAR CONSTITUTIONAL SYMPTOMS.

One of the hands of Mr. G——, whose case is described in detail in Vol. I. of Mr. Hutchinson's ARCHIVES. Two of his sisters had their hands in a somewhat similar condition, though less severely affected. The condition was allied probably to Raynaud's disease, but it occurred as a family affection. The sisters were in good health; but Mr. G—— himself had passed through a febrile illness of four months'



duration, which had been diagnosed as typhoid fever, but which had left large patches of his skin in a sclerosed and thickened condition. He subsequently had a temporary attack of unexplained proptosis of one eye, and after this another febrile illness, with great debility and weakness of extremities. He is at present (April 8, 1890) very feeble, and almost confined to his bed.

[Burgess.]

[Original, J. H.]

#### [Q.] RHINO-SCLEROMA CURED BY OPERATION.

The patient, aged 29, looked older. Married; one child; never syphilis. Swelling of upper lip and under left nostril. It is a well-margined patch of thickened dusky skin, involving the border of nostril and alæ, and coming three-parts down the lip to the prolabium. It was a quarter of an inch thick, and quite movable. The hairs were loose and had fallen out. There was no scab, but the patient said that it was much more inflamed at first. It never had any crust. The hairs came out with a gelatinous sheath. He was a delicate man, and had lost an uncle from phthisis. He had a bad cold at the beginning; two months ago.

I excised the growth and freely cauterised the wound. The growth consisted of exceedingly firm whitish fibroid tissue which scarcely bled on section. No bacillus was detected. There was no return three years afterwards.

[Burgess.]

[Original, J. H.]

#### [R.] EXFOLIATIVE DERMATITIS.

An exfoliative dermatitis affecting symmetrically hands, feet, scalp, groins, corners of mouth, and canthi of eyelids, attended also by disease of the nails and loss of scalp-hair.

Complete cure was obtained, after much other treatment had failed, by the use of opium (1886).

The two hands were exactly alike and the two feet also. On the latter all the toes were involved, but the diseased condition did not extend much above them. It was, both in hands and feet, advancing from the digits upwards.

The scalp was everywhere involved and the hair very thin. There were symmetrical patches at the corners of the mouth,



which were gradually extending as abruptly margined patches on the cheeks. The inner commissures of the eyelids were also affected. There were symmetrical patches in the groins, on the backs of the wrists, and also on the neck; there were a few small detached patches, and these were increasing in number. The patches showed a strong tendency to advance at their edges. They were, for the most part, quite dry; were attended by peeling of the epidermis, some slight diffuse swelling and a tendency to form fissures. When the scales were removed by applications the surface was smooth, raw-looking, and red. All the nails were inflamed and rough. Mrs. L—— boasted that at the tip of one thumb she still retained “a patch of skin which had not peeled.” The disease had begun nine months before as red spots between the fingers, and three months later had attacked the toes. Mrs. L—— had had much skilled treatment before I saw her, and amongst other measures had been salivated. No history of skin disease in the family. No cause assigned. Tongue very clean and red, almost beefy.

Mrs. L——, aged 61; a finely developed woman, apparently in excellent health. April 1, 1886.

The patient having been almost wholly free from eczema for several years, and having had her hands quite well, had a sudden and most severe attack of eczema-erysipelas in 1892, which spread over the whole of the surface. I saw her at her own home in consultation with ———. See detailed notes; see also ARCHIVES.

[Burgess.]

[Original, J. H.]

#### [S.] NUMMULAR PSORIASIS (PSORIASIS RUPOIDES).

Photograph given me by Dr. Pearson, of Queen's College, Cork. He writes, “Their height and concentric markings bear a certain superficial resemblance to rupia. The eruption was, however, quite dry. It left a hyperæmic, but not ulcerated, surface on separation of the scales. It was certainly non-syphilitic, and yielded rapidly to chrysophanic acid ointment.”

## [T.] OPHTHALMIA WITH INFLAMED PSORIASIS.

Inflamed psoriasis with conjunctivitis and obliteration of conjunctival pouches. The eruption, although not looking like psoriasis on the face, was typical psoriasis on other parts of the body and limbs. The man was a baker, and the exposure of his face to the heat of the oven fire had probably been the cause of the change in the state of the eruption on his face (its inflamed condition) and also of the conjunctivitis. He was well aware that the heat always made his face and eyes worse. There were ulcers on the cornea. The state of the eyes resembled that of "the ophthalmia of pemphigus," or "pemphigus of the conjunctiva."

[Burgess.]

[Original, J. H.]

[U.] SEVERE ECZEMA OF THE HANDS AND NAILS  
IN A PAPER-STAINER.

A lad named Henry D——, æt. 18, was brought to me, July 7, 1883, on account of most severe eczema of the hands, involving the nails. He had suffered from eczema more or less from infancy. He then had it behind his knees and in front of elbows.

*Present Condition.*—"He has never had it on head or face, and it now restricts itself to his hands and forearms. He is thin and pale, but in fairly good health. The eruption avoids the palms, but affects the whole backs of his hands and backs of fingers and fronts of wrists. It passes up the forearms as scattered patches. On the tips of elbows are thickened patches neither eczematous nor psoriasis. The nails of the right hand are all affected, the roots all exactly alike. The lunula is almost wholly destroyed by abruptly margined ulceration, the rest of the nail remaining smooth and bright for the most part, though here and there a little pitted and indented. The thumb-nail is the least affected, and in it not nearly the whole lunula is destroyed. On the other hand the nails are but very slightly affected, or only in the earlier stage, there being only a slight line of disease. He describes the affections of the nail as usually travelling from the root until it reaches the tip, where the nail breaks off. Meanwhile

a healthy nail has been reproduced from the root. His eczema is always worse in cold weather, and is now at its best. He says that his hands are never much better than now."

Tongue large, flat, flabby, with decided tendency to fern-leaf pattern.

I could only advise that he should change his occupation. This was done, and I believe he got quite rid of his eczema.

[Burgess.]

[Original, J. H.]

#### [V.] AN EXAMPLE OF CHRONIC AND PERSISTING ECZEMA OF THE LIPS.

Miss S——, æt. 12. March, 1875. Miss S—— was under my care at intervals for nearly eight years for eczema, with fissures around the mouth. It was very pruriginous. She had at first slight sycosis of eyelids. The eruption had several times got quite well and then relapsed. Once, when near Gainsborough, she remained well for four months, but relapsed severely three days after returning to London. Tar lotion did no good, but irritated. The relapse referred to was accompanied by diarrhœa. She at the same time took less milk than when in the country; and the water used for washing was different.

It had often relapsed when she was out of health, or possibly in connection with the water used for washing.

Her father was liable to eczema of the hands.

See sketch of episcleritis in same patient, March, 1875.

In 1893 I learnt that this young lady, now æt. 30, had for nine years been quite free from her eczema, and had had no relapses in her eyes.

[Burgess.]

[Original, J. H.]

#### [W.] DERMATITIS IN AN INFANT IN ASSOCIATION WITH ALMOST FATAL CONVULSIONS.

Mrs. C——'s infant, aged seven months.

The infant, when born, seemed in excellent health. There was not the slightest reason for suspecting syphilis. Both parents were in good health, and they had six living children, four of whom I examined. The two eldest had died, one of

fever, aged seven, and one of consumption, aged three-and-a-half. All the living ones were in perfect health when I saw them.

The mother attributed her infant's illness to an accidental exposure to cold when three days old. During a very cold night it was, by accident in the nurse's absence, left on a pillow without covering except its dress. When found, it was quite cold, and fears were entertained that it would not rally. On the next day, it seemed ill, had a bad cold in its head and chest, and a few days later its skin was covered with rash. The eruption, according to the mother's description, was at first very changeable. "It came out in the evening and went away in the morning, leaving the skin peeling." It was red with little blisters. The hands and feet were the parts most severely affected. From first to last no eruption occurred on the face or scalp. After a few weeks the eruption changed its character, and the large scabbed patches were produced. From the description given, the spots were from the first arranged in long lines (nerve distribution), and the mother insists that the ulnar borders of the hands and little fingers suffered specially. Amongst the first symptoms of illness was the repeated occurrence of convulsions. During the first ten days, the infant was so ill that it was not expected to recover. At the age of three months a peculiar appearance was noticed in the right eye, and a few months later the eyeball was excised by Mr. John Couper on account of a growth (or deposit) in the fundus. The other eye has since appeared to be defective. It twitches, and she sees but little with it. The fits were "strong convulsions." They began at the fourth day and lasted for a week.

[Burgess.]

[Original, J. H.]

DATES.	AGES.
1873, about Oct.	{ 3 mos. R. eye noticed to be peculiar.
	{ 6 mos. R. eye excised by Mr. Couper.
	{ 9 mos. Portraits taken.
1873, Dec. 27. . . . .	Mr. H. visited it at its home.
1874, Feb. . . . .	Seen at Finsbury Circus. Notes in daybook.
1875, Feb. 2. . . . .	{ Seen at Cavendish Square. Notes in daybook.
	{ Shown at Pathological Society.



[X.] ULCERATION OF EAR IN CONNECTION WITH  
SUMMER ERUPTION.

Annie J——, aged 17. Leeds, Sept., 1889. The ear of Dr. Eddison's patient in the Leeds Infirmary, showing the peculiar appearances produced, as if it had been eaten away by a rat. The case was one of very severe "summer eruption," recurring through many years. (See three other portraits, with fuller details of case.) Allied to Kaposi's disease.

[Burgess.]

[Original, J. H.]

[Y.] MOLLUSCUM CONTAGIOSUM.

Mr. C——, aged 32. December, 1886.

Molluscum contagiosum, following the use of the Turkish bath.

There were none on the other parts of the body; thus the theory of local contagion seemed to be strongly supported. The disease had begun by a single spot, around which others had formed.

[Burgess.]

[Original, J. H.]

[Z.] MOLLUSCUM CONTAGIOSUM ON THE SCALP.

The patient was a young man, a hairdresser, and the molluscum tumours occupied only the part where he was in the habit of placing the comb which he used in his business.

[Burgess.]

[Original, J. H.]

[A.] MOLLUSCUM PENDULUM.

The tumour had ulcerated. It was in the thigh of an old woman. It had been present most of her life.

In July, 1873, I excised at the London Hospital a molluscum pendulum almost as large as the one here shown. The patient was a young man, a Jew, aged 23. The tumour had been present most of his life. The pedicle was as thick as a thumb. The tumour was not inflamed, and felt like fat. It consisted of areolar tissue, which contained much serum in its meshes, but no fat, and nothing which, to the naked eye, could be identified as glandular. In the middle it was very vascular, almost nævoid.

[Burgess.]

[Original, J. H.]



## [B.] FAVUS AFFECTING THE TRUNK.

Two portraits of favus affecting almost the entire body. Both the patients were boys. One was from the clinic of Dr. Besnier, and the other from that of Dr. Lailler, of the Hôpital Saint Louis, at Paris.

## [C.] ECZEMA FOLLOWING THE TREATMENT FOR ITCH.

Two photographs from the St. Louis collection (Professor Fournier and Dr. Besnier). In one is represented the face of a man covered with crusts of an acute eczematous inflammation, consequent on infection with the itch insect of the horse. The other shows a pustular eruption on the leg of a man after treatment for itch.

## [D.] PEELING PATCHES IN THE PALM OF A YOUNG WOMAN.

Mrs. Priscilla B——, æt. 35 (about 29 when sketch was made). Under care again for eczema palmaris and patches on neck in February, 1874. (No other notes L. H., not kept.)

Used Mist. Pot. Arsen. *3i* ter die, and Ung. Hyd. C. Plumb., and was well in two months. (April 28, "Cured.")

H. S. D., 1867.

[Original, J. H.]

[Burgess.]

## [E.] STRUMOUS ULCERATIONS OF VACCINE SORES, WITH ULCERATIONS ON BUTTOCK.

Dr. Hilton Fagge's patient. May, 1871. Suspicious looking ulcerations nine months after vaccination, and the vaccine sores being still unhealed (see other sketch).

Probably strumous, and not syphilitic. The child had had no general rash. Two of its brothers had ulcers of somewhat similar kind, and none in the family showed signs of hereditary syphilis. The ulcers were supposed to be the consequence of direct accidental inoculation from the vaccine sores, but this may be held to be very doubtful. They more closely resemble those due to inflammation of cellular tissue.

[Burgess.]

[Original, J. H.]

[F.] SUMMER ERUPTION—PRURIGINOUS ACNE  
(PENMANN'S ERUPTION).

The original portrait of a lad named Penmann, whose case constitutes the type form of "Penmann's disease." His case has been published in detail in the Atlas of portraits of the New Sydenham Society, and has since been repeatedly referred to in connection with summer eruptions. He was liable every summer to the recurrence of a pruriginous eruption, which affected not only his hands and face, but also the skin of the trunk. It never vesicated, but was sometimes superficially and slightly ulcerated. It began in early boyhood, and he remained under Mr. Hutchinson's observation for about fifteen years. The liability ceased at the age of eighteen, but left the skin of his shoulders, face, &c., marbled over with thin white scars. There was no special ulceration of the ears.

This portrait is closely similar to that of Mrs. C——, in whom the liability began later, and persisted through adult life.

[Burgess.]

[Original, J. H.]

[G.] DR. TAYLOR'S CASE OF "TRUE LICHEN  
RUBER."

Dr. Taylor distinguishes *Lichen Ruber* from *Planus*. *Lichen ruber* (he says) begins on the upper parts of the body, and slowly spreads downwards during many months; is remarkably uniform in type (though it has stages), consists of little conical papules of brownish-red (not congested), which become smooth and shiny, but not silvery; the papules never grow, but fresh ones are produced near to those first formed, and they may coalesce until the whole surface is involved. At this stage the skin feels like leather and may look like alligator hide. The face is usually affected, and the nails become thickened, or even destroyed. The palms and soles are affected. The mucous membranes escape. There is but little itching. It is symmetrical in its distribution.

It is liable to return in those who have once suffered. May get well almost spontaneously, but is better treated by local measures. Dr. Taylor thinks arsenic not useful, and even

hurtful. Although in Germany the disease is held to be attended with emaciation and liable to end in death if not cured by arsenic, Dr. Taylor finds it a rather mild disease, and capable of spontaneous cure. It is much more rare than Lichen planus.

Histology. Hypertrophy of all the layers of the epidermis, with exudation and inflammation in the papillæ and papillary derma. The corium and the skin glands are not implicated. It is an affection of the deep layers of the epidermis.

The third attack at intervals of nearly two years between, in a healthy Swiss woman, aged 37. The first attack lasted a year; the second only three months. The third had lasted ten months and was not wholly got rid of at the time of report.—*New York Medical Journal*, January 5, 1889.

#### [H.] A SUMMER ERUPTION, BULLOUS AND ULCERATING.

A portrait of a boy whose case is published in detail in the Clinical Soc. Trans. He suffered from a bullous eruption on his face and ears every summer, getting quite well in the winter. The liability to it ceased at the age of nineteen, but left his face covered with huge scars, and his ears extensively destroyed by ulceration. He was under observation for at least ten years. His general health did not suffer. This portrait may be compared with another which represents the face of a young girl covered with vesications as the result of a single exposure to the sun.

[Burgess.]

[Original, J. H.]

#### [I.] SUMMER ERUPTION—PRURIGINOUS ACNE.

The portrait of Mrs. C—, who was the subject in a severe form of what may be called summer acne. It affected not only her face, but her hands and forearms. Although much worse in summer, it could not be said that she got quite well even in cold weather. The eruption was very pruriginous, and consisted of what might be termed abortive pustules. No suppuration ever took place, nor were the papules attended by any comedones. The patient was in good health, and had suffered from the affection almost from

girlhood. She was about fifty years of age when the portrait was taken, and was the mother of a numerous family. The case is published in detail at p. 231 of ARCHIVES, Vol. I. The hands used to blister.

[Miss Green.]

[Original, J. H.]

[J.] THE EARLY STAGE OF LUPUS VULGARIS.

A portrait showing the very earliest form of lupus in a young child. The patches, one on the cheek, and the other on the forearm, had been present a few months, and were clearly of the character of lupus vulgaris.

[Miss Green.]

[Original, J. H.]

[K.] DERMATITIS PERSISTENT FROM INFANCY.

Portrait showing a very unusual form of chronic dermatitis, which had persisted from infancy in a child of three. The patches were covered with a leather-like crust, which adhered so firmly that it could not be detached. The skin, on which these leathery crusts had appeared, was somewhat contracted. The eruption in infancy had been very severe indeed, and had been supposed to be due to inherited syphilis. It did not, however, yield to specific treatment, and when the child came under Mr. Hutchinson's care there were no indications of specific taint. After about a year's treatment, exclusively by local means, the child is now almost well.

[Miss Green.]

[Original, J. H.]

[L.] PEMPHIGUS IN SECONDARY SYPHILIS.

A portrait showing the arm of a man in whom a syphilitic eruption assumed the form of acute pemphigus. The portrait was taken in the third month of the disease. The eruption had in the first instance resembled varicella. On the body it was erythematous only, in the first instance; but it subsequently assumed all the features of pemphigus. The case is recorded in detail in ARCHIVES, Vol. III. p. 195. At the time of the sketch there was still present a hard chancre, and there were sores on the tonsils. The eruption proved very difficult to treat. It appeared to be aggravated by iodides, and was finally cured by mercury and arsenic given sepa-









rately. The eruption showed a tendency to relapse for the next eighteen months, and retained throughout the type of pemphigus.

[Burgess.]

[Original, J. H.]

### [M.] PEMPHIGUS HERPETIFORMIS.

The portrait of a woman, who was the subject of herpetiform pemphigus or dermatitis herpetiformis. The disease in this instance was always controlled by arsenic, though never permanently cured. The case is published in detail in Hutchinson's ARCHIVES OF SURGERY, Vol. V. For a study of the eruption, see small sketch.

[Burgess.]

[Original, J. H.]

### [N.] SCROFULOUS ULCERS ON THE LEGS.

(BAZIN'S MALADY.)

This drawing shows the legs of a boy, aged 15, who had been long under *treatment* on account of this affection. There was no reason to suspect syphilis, and the case was finally cured without specific treatment. The case is published in detail in ARCHIVES OF SURGERY, Vol. V.

[Burgess.]

[Original, J. H.]

### [O.] MELANOSIS BEGINNING IN A CONGENITAL MOLE.

This portrait shows a small melanotic mole, on the side of the abdomen, with a large glandular mass in the axilla. The patient, a man aged 37, died with large glandular growths in the neck, &c., and probably with internal disease also, within four months of the time that the portrait was taken. He had had the mole on his abdomen all his life; but it had only commenced to grow about a year before the date of the portrait.

[Burgess.]

[Original, J. H.]

### [P.] LUPUS SIMULATING ECZEMA.

An illustration of a very superficial form of lupus on the neck of a girl. The patch had been present six or seven years, and was slowly spreading at its edge. She had no

others, and was in good health. The patch had never ulcerated in the least, and had been diagnosed as dry eczema.

[Miss Green.]

[Original, J. H.]

[Q.] UNIVERSAL DERMATITIS TENDING TOWARDS  
GRANULOMA FUNGOIDES.

This portrait shows the face of a middle-aged man. He had suffered for some years from a diffuse and universal form of dermatitis, which by some had been diagnosed as eczema, and by others as pityriasis rubra. It had proved quite incurable, and he died exhausted during an attack of bronchitis, a few months after the portraits were taken. During a few months before his death some of the patches had ulcerated, and showed tendency to fungate. It was then by some diagnosed as "granuloma fungoides."

[Swainson.]

[Original, J. H.]

[R.] MOLLUSCUM CONTAGIOSUM FROM THE USE  
OF THE TURKISH BATH.

This portrait shows a large group of molluscum spots that had formed rapidly on the left scapular region of a gentleman who was an habitual frequenter of the Turkish bath. There were no others on any part of his body. The group shown had commenced by a single spot, around which the others had developed. I have recorded a number of facts in support of the belief that molluscum contagiosum is often caught (by contagion) at Turkish baths. See ARCHIVES OF SURGERY, Vol. I. p. 180 ; and Vol. IV. p. 362.

[Burgess.]

[Original, J. H.]

[S.] ULCERS ON THE FACE FROM INOCULATION.

Portrait of a man under care at the London Hospital on account of sores on the face, which somewhat resembled malignant pustule. The patient was a horse-keeper, and it was suspected that the sores were due to inoculation from the secretion of grease. No proof was, however, forthcoming on this point. The patient was not seriously ill, and the sores healed after a short treatment. It is to be noted that the ring of vesicles around the sore, so characteristic of







anthrax, was not present. The sores might have been claimed by Jenner as an illustration of the identity of grease with vaccinia.

[Burgess.]

[Original, J. H.]

### [T.] DIFFUSE LIPOMATOSIS.

A portrait showing enormous growths of the ordinary forms of diffuse lipoma. With the exception of one, which is in the Dupuytren Museum at Paris, they are the largest that I have ever seen. The man had been, as is almost invariable in these cases, a liberal beer drinker. His case has been published by several different observers.

[Swainson.]

[Original, J. H.]

### [U.] BAZIN'S MALADY.

Portrait of the leg of a girl of 17, who was the subject of scrofulous ulcers, which assumed features resembling those of syphilis. She was of very feeble circulation, had suffered from epilepsy, and had taken much bromide of potassium.

[Burgess.]

[Original, J. H.]

## DRUG ERUPTIONS.

### [A.] FATAL PURPURA ERUPTION FROM IODIDE OF POTASSIUM.

Copy of portrait made for Dr. Stephen Mackenzie.

Infant æt. five months. It had been ailing six weeks, and was suffering from congenital syphilis. It had suffered from thrush when a few weeks old, was puny and cross, and had ulcers round anus and scrotum. Given Pot. Iod., and only took one dose ( $2\frac{1}{2}$  grains). This was followed three-quarters of an hour later by "face turning black;" this discoloration rapidly increased, and the child was brought to the London Hospital, and seen by Mr. Tay three and a half hours after taking the dose. The patches perceptibly increased while he was watching the patient. The purpuric eruption occurred only on the face and cheeks, but on the body were about a dozen abortive pustules, not unlike ill-developed smallpox pustules. These led Mr. Tay to think that the child had been taking iodides. Death followed on third day.

Dr. S. Mackenzie, *Med. Times and Gazette*, 1879; vol. i. p. 173.

## [B.] ERUPTION FROM IODIDE OF POTASSIUM.

The woman had been taking iodide of potassium for some two or three weeks on account of some tertiary syphilitic lesion. The eruption had been out a week or so. There were a few similar spots on the arms, but the bulk of the eruption was on the face. It subsided in the course of a fortnight when the iodide was omitted.

Elizabeth Pines, aged 45. London Hospital, June 13, 1892.

[Miss Green.]

[Original, J. H., Jr.]

## [C.] A FATAL CASE OF IODIDE SARCOMA.

The alarming condition represented in this photograph and portrait was developed in a man aged 52, who was under the care of Dr. Roberts, of Chester. He had been accustomed to drink red wine very freely, and a brother, who had developed the same propensity, had suffered very severely from acne on the face. The eruption of tuberos masses here shown on the face began about six months before the patient died, and was attended by a certain degree of general anasarca. Death occurred at the end of June, 1891, after a period of great debility, with cough and attacks of dyspnoea. The skin is described as having been everywhere hard and brawny. There were many scars on the abdomen and lower extremities, which were of a plum colour and looked as if left by boils. It was elicited, on inquiry, that the man had taken six bottles of "Clarke's blood mixture" just before the eruption assumed its present character. The urine was of low specific gravity, but did not contain albumen. During the treatment which was attempted, arsenic appeared definitely to disagree and produced swelling of the face, and a few grains of mercury produced profuse ptyalism. On one occasion some iodide of potassium was inadvertently given, and produced immediately a great aggravation of all the symptoms. Fresh crops of the tubers appeared, and hæmorrhagic bullæ occurred on the thighs, hands, feet, and scrotum.

There can be little doubt that the case was in the main one of poisoning by the iodide, in association, in all probability, with defective kidney elimination.

## [D.] HYDROA FROM IODIDE OF POTASSIUM (?).

Married nine months, but not pregnant. She came to the hospital on account of the remains of a symmetrical rash which had occurred six weeks before and had left scars, the aspect of which was suggestive of syphilis. It had occurred after a visit of several weeks to the seaside, and had lasted only about ten days. Iodide of potassium was ordered.

The eruption illustrated in the present drawing appeared after she had been attending at the Skin Hospital for about three days, and rapidly became worse. It was attended by great prostration. It occurred on all the extremities, chiefly their posterior aspects, and also on the nose, lips, and ears. The vesicles or bullæ varied in size from a pin's head to a threepenny-piece. The smallest were tense and like drops of tallow; the larger ones often collapsed in the middle, but continued to spread by a vesicating border. There was a remarkable absence of inflammation around the bullæ at first, but at a later stage this was not so.

The eruption was accompanied by free effusion into one knee. The spots almost disappeared under the use of an alkaline mixture, and she left the hospital. The scars left were dusky. A month later she came again with large pustules on tips of elbows and on nates, partly vesicles, partly tubercles and pustules.

The notes do not state what medicine had been given between the first outbreak and the second, nor whether she had been taking any medicine while at the seaside prior to the eruption of which the "scars" were visible on her first admission. The fact that the first outbreak occurred immediately after she began iodide, however, is to be noted. The question of syphilis was very carefully gone into, with a negative result.

*Hydroa.* Florence S——, æt. 20. Admitted at Hosp. Skin Diseases, Nov. 24, 1868, under the care of Mr. Hutchinson. Notes S. H., A. p. 93. Published in *Hydroa Series*, Case x., *Brit. Med. Journ.*, 1870, vol. i. p. 547.

Compare with Hebra's Atlas, Heft vi., Tafel ii., Fig. 2.

[Burgess.]

[Original, J. H.]

## [E.] HYDROA FROM IODIDE OF POTASSIUM.

A married woman, aged 37. Dr. Ramskill's patient in London Hospital, admitted May 18, 1869. It is stated that she had heart disease, and she was admitted for this and not for the eruption on her skin. The eruption was confined to the face and backs of the hands. When this sketch was taken the spots had been out more than a week, and consisted partly of purulent vesicles or small bullæ, partly of "rings the size of sixpences, at the margins of which were vesications of considerable size, while the centres had shrivelled up." The eruption soon afterwards entirely disappeared. The notes state that "Iodide of potassium had been given," but there are no details as to the date when it was begun, or how long it was continued. In some respects the rash resembled rupia, but the absence of any tendency to ulceration formed a conspicuous difference between the two.

It will be seen that this portrait and that of Florence S—— were taken twenty-five years ago. At that date we were not so familiar with iodide eruptions as now, and hence the imperfection of the notes. They were diagnosed simply as "Hydroa."

*Hydroa.* Compare with Hebra's Atlas, Portrait iii., Fasciculus vi.

Elizabeth Morgan, æt. 37. (Published in Hydroa Series, Case ix.)  
*Brit. Med. Journ.*, 1870, vol. i. p. 546.

[Burgess.]

[Original, J. H.]

## [F.] CHLORAL ERUPTION.

*An erythematous eruption* which had occurred repeatedly on the hands of a gentleman after taking *chloral hydrate*. He used to take the drug for sea-sickness and other purposes, and this eruption was the usual if not invariable consequence. I saw his hands in two attacks, and both were exactly alike. The dose was usually thirty grains. The eruption makes its appearance on the morning after taking the drug. It remains out for a week or more, with much burning and itching; then it fades, and lastly desquamates. The whole attack lasts at least three weeks. He counts fifteen attacks. Some of the patches, whilst fading, show an almost eczematous condition. This is seen on the patch on the back of the right wrist.













The eruption occurs only on the hands. It is usually arranged with tolerable symmetry, although the patches on the two hands are not always of equal size. The condition is that of a dusky red erythema in abruptly margined patches, and with some slight thickening. In the middle of the patch in the back of the left thumb are seen two small pale areas. These are, I believe, old scars which do not admit of the erythematous congestion.

Mr. R—— is aged 34, of gouty stock, and has had a single attack of gout, otherwise in strong health.

[Burgess.]

[Original, J. H.]

### [G.] DUHRING'S NEOPLASM.

This portrait represents the condition of the patient who was the subject of Dr. Duhring's first case of "An inflammatory, fungoid neoplasm." The case has received much attention, as being one of the first well-recorded examples of what is now known as granuloma fungoides. The woman died in May, 1879, after an illness extending over many months. A remarkable feature of her case was that the tumours would come and go. After their excision the wound always healed well. The parotid gland itself was enlarged, and some of the lymph glands were implicated. Although there was no proof that the disease had begun in connection with iodides or bromides, yet iodide of potassium always produced alarming exacerbations. Careful microscopic examinations were made repeatedly, the general conclusion being that it was allied to sarcoma.

I have given an abstract of the case at page 289 ARCHIVES, Vol. IV.

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## TUBERCULOSIS.

### [A.] TUBERCULOSIS OF THE NOSE.

The patient whose face is here depicted was under Prof. Neumann's care in April, 1883, and died in January, 1884. He had tuberculosis of both lungs, of the larynx, and of the intestine. There were no symptoms of syphilis.

## [B.] TUBERCULAR ULCERATIONS OF THE TONGUE.

Fig. I. From a case published by Prof. von Esmarch. "Tubercular ulceration of the tip of the tongue in a man aged 71, in good health. The ulcer had been present ten weeks. Excision of a wedge-shaped piece, and cure."

Fig. II. Also from Prof. von Esmarch's essay. "Tuberculosis of the tongue in a man aged 78, in whom the ulcer had been present for seven weeks. Excision of one-half of the tongue was followed by cure. It had been taken for adenoma of the mucous glands of the tongue; and supposed to result from the scratch of a sharp tooth."

Fig. III. Also from Prof. von Esmarch. "A tuberculous ulcer of the tongue in a man aged 56, the subject of phthisis. The ulcer had been present six weeks. It was cured by erosion and thermo-cauterisation."

Fig. IV. A drawing showing superficial tuberculous ulcers on the side of the tongue. The patient was a man aged 51, who died of pulmonary phthisis, under Dr. Ferrod's care, in the Hôpital Saint Antoine. The microscopic examination was made by Dr. Corneil; and the case is described in great detail in Vol. ix., 2nd series, pp. 189, 206, 254, and 264 of the Transactions of the Société Médicale des Hôpitaux de Paris.

[C.] TUBERCULAR ULCERS OF TONGUE, PALATE,  
AND PHARYNX.

These drawings represent the tongue, palate, the gums, and one supra-renal body of a patient who died of tuberculosis, with a condition of skin approaching bronzing. He was a gentleman aged about 50, and was seen conjointly by Sir Andrew Clark and myself a few weeks before his death. The conditions present in his mouth had given rise to a suspicion of syphilis. A careful examination of the facts decided this question in the negative. The ulcers on his tongue and palate presented very peculiar conditions, which will be best appreciated by inspection of the drawing.

He had been failing in health for nearly a year; but very definitely during the last two months. He was very thin,



extremely weak, and his skin was of a brown tint. His supra-renals were each of them enlarged to the size of a child's fist, and presented on section the characters of crude tubercle. There were also tubercular abscesses in the lungs. The parts were examined carefully under the microscope by Sir Andrew Clark, and, although no bacilli were detected, no doubt was felt that the conditions were tubercular. The ulcers on the tongue and in the mouth and throat were probably due to secondary infection from the lungs.

The supra-renal gland from this case is specimen 3514 C in the College of Surgeons Museum. It consisted almost wholly of caseous tuberculous material.

[Burgess.]

[Original, J. H.]

#### [D.] TUBERCULOSIS OF THE TONGUE.

The tongue is that of a man, aged 37, who was admitted into a syphilitic ward, but in whose case the diagnosis of tubercle was subsequently formed. He died of tubercle of the lung about two months after his admission, the ulceration of the tongue having meanwhile greatly extended. The case occurred in 1882.

Neumann's "Atlas," Plate L.

#### [E.] STRUMOUS SOFTENING OF OS CALCIS.

Section of the os calcis of Mrs. —, æt. 47. Amputation through lower third of leg at London Hospital. Specimen preserved in R. C. Surgeons Museum. There had been no abscess, and the skin was quite sound, but the whole of the parts surrounding the os calcis were swollen and soft. The disease had existed for more than eighteen months, and treatment by rest, &c., had been fully tried. She was quite unable to use the limb, and excision of the joint was the only alternative to amputation. Her age decided me in favour of the latter. The whole of the bone was transformed into granulation tissue, and large masses of this bulged under and through the periosteum at various parts.

The astragalus and other adjacent bones were quite sound, as was the articulation between the os calcis and astragalus.

In the sketch there is an appearance of disease extending into the astragalus, but this was really ligamentous tissue. There was no fluid pus at any part. A needle might easily be thrust through the os calcis in any direction, but at some parts portions of osseous tissue still remained.

[Burgess.]

[Original, J. H.]

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## SYPHILIS.

### [A.] TERTIARY SYPHILIS AFFECTING LARYNX AND RECTUM.

Two drawings representing, one the larynx and trachea, and the other the rectum, of a woman who was in the tertiary stage of syphilis. She died in the London Hospital in consequence of the disease of the larynx.

See L. H. D., p. 284. Dec., 1865. Susannah W——.

The drawing of the larynx shows very extensive ulceration of the mucous membrane; there is considerable thickening of the parts about the vocal cords, but in the trachea lower down the process has been one of simple ulcerative erosion. Many of the rings have been entirely destroyed. The rectum shows an amount of thickening which might be supposed to indicate malignant new growth; this was not, however, the opinion formed at the time of the post-mortem.

The coats of the bowel are greatly thickened for nearly three inches above the anus, and deeply ulcerated. Both in the bowel and the larynx the parts are represented of a peculiar greenish colour, probably due in part to commencing decomposition.

[Burgess.]

[Original, J. H.]

### [B.] SYPHILITIC DISEASE OF LIVER AND TESTIS.

1. The uncut surface of the liver of a boy who was the subject of inherited syphilis. His testis, which contained gummata, is represented in another sketch. The portrait shows a depressed scar with some thickened capsule near to it.

2. The section of a liver from an adult who had suffered from syphilis, showing several gummata.

[Burgess.]

[Original, J. H.]

### [C.] INHERITED SYPHILIS.

Four photographs from the collection in the Hôpital St Louis, Paris. The two upper ones show the physiognomy of inherited syphilis, and are of especial interest in reference to the ulcers and fissures about the mouth.

Of the lower ones, the right shows the arm of a child eleven months old, after death. Gummata were found in the liver, testicles, brain, and long bones.

The left-hand portrait is that of a shrivelled female infant, six months old, suffering from gummata, with yellow discoloration of skin. It died the day after the portrait was taken.

### [D.] INHERITED SYPHILIS.

Portrait showing the mouth of a child, aged fifteen months, which had suffered severely from inherited syphilis. Radiating scars are seen surrounding the mouth.

In another portrait is shown an eruption still persisting on its thighs and buttocks.

Samuel D——, London Hospital, March 10th, 1877.

[Burgess.]

[Original, J. H.]

### [E.] PHAGEDÆNIC PRIMARY SORE WITH SATELLITES.

The portrait of Mr. G——. This patient's case is published at length in ARCHIVES OF SURGERY, Vol. III., p. 105. It may be briefly said that there was reason to believe that the ulcer of the eyelid was a primary syphilitic sore. The two deep ulcers on the cheek were satellites to it, and there was another satellite on the scalp of similar character. The primary sore was phagedænic from the beginning, and was at first taken for a sty. The disease proved most intractable under treatment, but after nearly a year all the sores were healed. There had never been any quite conclusive symptoms

of constitutional syphilis, but their absence may have been due to the continued and free use of specifics. The portrait was taken on May 11, 1886, about six months from the first appearance of the sore on the eyelid. The patient, who is since dead, had, it is believed, no relapse of syphilitic symptoms after the sores had healed.

[Burgess.]

[Original, J. H.]

#### [F.] A SLOUGHING GUMMA.

Knee of a woman in the tertiary stage of syphilis. The portrait shows an ulcerated gumma, from which a large slough of cellular tissue, resembling sodden wash-leather, is seen projecting.

[Burgess.]

[Original, J. H.]

#### [G.] SYPHILITIC LUPUS.

A coloured photograph from Mr. Balmanno Squire's series, showing the condition of syphilitic lupus on the left shoulder and back of a man. The serpiginous crusted edge is well illustrated; a large, thin superficial scar is seen in the middle of the back.

#### [H.] SYPHILITIC GUMMATA.

Gummata and their results, affecting the cranium, dura mata, spleen, and testis of the same subject. "The arachnoid surfaces adhere by a firm adventitious deposit, which involves also the brain surface."

A Plate published by Dr. Wilks.

#### [I.] PHAGEDÆNIC GUMMA.

Sketch showing an ulcerated periosteal gumma affecting the foot. Its edges were almost phagedænic. In the middle a portion of dead bone is seen exposed. These conditions had been developed in the course of about six weeks, and in about the same time, under treatment by iodide of potassium, sound healing had resulted.

[Burgess.]

[Original, J. H.]







## LUPUS.

### [A.] ULCERATED LUPUS OF FOOT WITH BAZIN'S MALADY.

Miss M——, æt. 15, was a patient of Dr. Daly, of Dalston. She had been the subject of lupus on the foot for many years. It had begun in the first instance on the middle toe, and had gradually extended upwards. I had the portrait taken because her foot afforded a good example of the form which lupus frequently assumes on the foot and on the hand. It presented (in May, 1884) almost a level surface of coarse granulation structure. Nowhere was there any resemblance to the apple-jelly growth so frequently seen in lupus on other parts. I scraped the whole surface on May 7, 1884. It consisted of a rather firm granulation structure, varying from a quarter to nearly half an inch in thickness, and springing from a dense fibrous base. In some parts close to the margin, there were spots where the growth was just perforating the epidermis. On touching these with the scoop a little crater was at once produced, the epidermis having being undermined by the soft, granulation structure. The sole of the foot was not involved, but the disease implicated the whole of the upper surface of the middle toe and dipped somewhat into the clefts. Miss M—— had on her legs six or seven different and quite isolated scars, which had been left by ulcers of a lupoid character. These scars were perfectly sound and differed from those of common lupus, in that with a single exception the disease had absolutely ceased at their edges, thus more closely resembling those left by certain forms of strumous ulceration than of more typical lupus (Bazin's malady). At the edge of one patch mentioned, there were two or three little islands of disease still existing. These, however, were not apple-jelly like, but consisted of granulation structure like that on the foot. Miss M—— presented no other indications of struma, and appeared to be in good health.

May, 1884.

[Original, J. H.]

[B.] STRUMOUS DISEASE AND LUPUS OF HANDS  
AND FACE.

Drawing of the two hands from the case of a butcher, aged 33 (Dr. Stock's patient, a man named W——). The right index and left middle finger show extensive swellings of the three phalanges and metacarpal bones. These were painless, the skin presenting a livid or lilac hue. The last joint of one of his fingers was enlarged, disorganised, and the nail flattened out and thin. The great toe of his left foot had lost its nail, and was in a condition of ulcerated lupus.

In the middle of the right cheek was a patch of ulcerated struma-lupus, without obvious "apple-jelly deposit." The left thumb had been amputated on account of disorganisation of the joints following a cut. This had occurred eight years ago, and the thumb was removed eighteen months after it first inflamed.

The patient was of dark complexion and rather florid; had suffered much through life from cold hands and chilblains. His ailments were always worst during cold weather.

His father lived freely, and had gout badly and often. He died of apoplexy.

The patient believed that there was no phthisis or struma in his family, with the exception of a sister who was then under Mr. Nettleship's case for an affection of the eyes.

[P. S. H.]

[Original, J. H.]

[C.] SINGLE-PATCH NON-ULCERATING LUPUS  
VULGARIS.

Superficial lupus, a single patch slowly spreading for years. It had always been called "eczema."

Dec., 1891. A young lady, aged 21. Treated by cautery.

[Miss Green.]

[Original, J. H.]

[D.] SINGLE-PATCH SUPERFICIAL LUPUS  
VULGARIS.

A portrait of a very superficial patch of common lupus on the neck of a young lady, Miss R——, December, 1891. The patch had been gradually spreading for many years. Miss R—— had a beautifully clear complexion and delicate skin.

She was of feeble circulation, but not otherwise out of health. The disease was clearly lupus vulgaris, but it was so superficial that it had always been called eczema. I treated it by the free use of the actual cautery under an anæsthetic, and subsequently on one occasion used the acid nitrate of mercury to a few spots. It healed, and left a comparatively inconspicuous cicatrix. Two years later there were a few spots which again required the cautery.

[Burgess.]

[Original, J. H.]

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## LENTIGO-LUPUS.

### [A.] PICK'S PORTRAITS OF KAPOSÍ'S DISEASE.

Portraits published by Professor Pick under the new name, "Melanosis Lenticularis progressiva." Portrait of Barbara, æt. 19, the eldest of three who were affected. 1884.

Face and bust, Fig. I. Lower extremities, Fig. II.

Twelve children had been born to the same parents and of these only three survived (first, second, and third). All three were the subjects of Kaposi's disease. The cause of death in the nine who had perished was not easily ascertained. The mother said that they had all seemed to be healthy infants until twenty-four or forty-eight hours of death. Convulsions had usually occurred. Most had died between two and three weeks of age, and the oldest was not more than eight weeks. Of the whole twelve, none had shown any peculiarity of the skin at birth. The conditions began in all three in the same manner and at the same age, viz., as freckles at about eighteen months. The growth from the eyelids was excised, and did not recur.

### [B.] KAPOSÍ'S MALADY.

1884. Portrait of Anna, the second of the three who suffered. She was seventeen years of age and in good health. Had never been ill. Had light-red hair and grey-blue eyes. She had come for treatment on account of a tumour of the gum as large as a walnut. It was excised, and did not return.

[From Prof. Pick's paper.]

## [C.] KAPOSI'S MALADY.

1884. Portrait of Joseph, the youngest of three who had suffered. He was nearly three years old. The twelfth and youngest of the family. The first and second, both girls, were alive, and, like Joseph, the subject of the disease. Nine had died under two months old. Joseph was in good health. He had light hair; but dark iris and eyebrows. His feet were in the same condition as his hands. His whole body was brown.

[From Prof. Pick's monograph.]

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**ACTINO-MYCOSIS.**

## [A.] ACTINO-MYCOSIS.

Two portraits copied from the work of Dr. Illich of Vienna, representing the condition of the skin in cases of actinomycosis affecting the neck and cheek. They are from photographs of patients under the care of Professor Albert in the Vienna General Hospital. The details of the cases are given in Dr. Illich's work (to be translated by the New Sydenham Society).

## [B.] ACTINO-MYCOSIS.

Drawings copied from Ponfick's essay, representing the ravages of actino-mycosis affecting the bones. Also the microscopic appearances of the fungus. The drawings of the bones do not need description. The following figures refer to the forms of fungi (Plate vi.).

1. Rosette-like mass of clubbed fungi, from which a long branching one projects.

Figs. 2 to 11. Various forms of branching actino-mycetes.

Figs. 13 to 16. Nodose, or "varicose" fungus rods.

Figs. 18 to 23. Fungus-elements terminating in multiple clubbed ends.



**[C.] ACTINO-MYCOSIS AFFECTING THE VISCERA.**

Drawings copied from Ponfick's essay, representing actino-mycosis affecting the viscera.

Fig. 1. The spleen, from the case of Rudolf T——, showing growths of actino-mycosis in the substance of the organ with fibrinous thickening of the capsule.

Fig. 2. The heart from the same patient, with tumours developed in its substance, on the point of perforating the visceral pericardium.

Fig. 3. The heart of a woman with large masses of growth of actino-mycosis in its substance and diffuse fibrinous pericarditis, causing entire obliteration of the pericardial sac.

**[D.] ACTINO-MYCOSIS.**

Four lithographs taken from Ponfick's work, illustrating actino-mycosis.

**MORPHŒA AND SCLERODERMIA.****[A.] MORPHŒA OVER CLAVICLE.**

Morphœa in separate small spots over the left clavicle. The spots form a thickly-set oval patch. There were others, much more widely distributed, on the front of the left forearm, all quite small. The woman asserted that the spots over the clavicle came suddenly; she noticed them in their present condition when washing one morning, having never seen anything amiss before.

Mrs. W——, Hospital for Skin Diseases, May, 1876.

[Burgess.]

[Original, J. H.]

**[B.] UNILATERAL MORPHŒA AFFECTING ONE LOWER EXTREMITY.**

A photograph given me by Mr. Thomas Simpson, of Lincoln, showing arrest of growth of the lower limb as a consequence of morphœa in early childhood. The foot itself

does not appear to be affected, but an atrophic streak is seen extending down the front of the thigh, and there appears to be contraction in the position of hyper-extension.

[C.] UNILATERAL MORPHŒA OF FACE (HEMIATROPHY OF FACE).

Three photographs illustrating the so-called Hemiatrophy of the face. The portrait is that of a German well known in dermatological circles, whose case has been repeatedly published both on the continent and in England. (See Dr. Payne's report in the Pathological Transactions.)

The disease had begun in early life, and the growth of the bones as well as that of the soft parts had been arrested.

[D.] UNILATERAL MORPHŒA AFFECTING THE EYELIDS.

Portrait of a boy aged five-and-a-half years (in 1870). An ivory patch of morphœa is seen extending from the inner canthus downwards and outwards. The eyelashes of the inner half of the lid were lost, and the lid slightly everted. The condition had been first noticed as "a blue spot" at the age of eighteen months. This boy was shown eleven years later at the meeting of the International Congress, 1881. The whole lower lid was then very thin, and where the patch had been it was smooth and glossy, and of a light-brown tint. It was now noticed that there was another patch below and external to the outer canthus, which, excepting in sunlight, was easily overlooked.

Horace C——, Broughton Street, Battersea Park.

[Burgess.]

[Original, J. H.]

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**CANCEROUS DISEASES OF SKIN.**

[A.] CANCEROUS ULCER ON NOSE-TIP  
(CRATERIFORM).

The portrait of an old man with a cancerous ulcer on the end of his nose. The ulcer presented peculiarities, and did not resemble the common forms of rodent. It had an

expanded border, and edges which overhung outwards, presenting a somewhat crateriform appearance in the centre. Inside the nostrils there were some bossy projections. Although the condition had been present two years or more, the glands were not implicated. I excised the whole of the end of the nose and part of the septum. On microscopic examination the conditions characteristic of epithelial cancer were found.

[Burgess.]

[Original, J. H.]

### [B.] FUNGATING CANCER IN THE SCAR OF A SYPHILITIC ULCER.

Cancer in the scar of a tertiary syphilitic ulcer on the leg. The patient was a woman aged 60, whose leg was covered with scars. She came under care for a fresh ulcer on the foot, and whilst taking iodide of potassium the bossy mass, shown in the drawing, appeared on the calf. It was at first entirely beneath the skin (or scar) in which it originated, and grew as large as a moderate apple before ulceration began. It was destroyed by chloride of zinc paste, but in a few weeks a second similar growth appeared in the ulcer on the foot. Amputation was declined, and she left the hospital in very bad health and not likely to live long.

This leg may be taken as representing a syphilitic simulation of Bazin's malady. It is covered by isolated scars.

The tendency to fungate was much like what is seen in cancer of the scars of lupus and in Kaposi's disease.

Mary Ann Prater, æt. 60. Nov., 1875. London Hospital.

[Burgess.]

[Original, J. H.]

### [C.] FUNGATING TUMOUR OF LEG (?EPITHELIOMA).

The ulcer had been present ten years; but for ten years previously a lump had been present under the skin. The edges were dense, elevated, irregular, *not in the least warty*. But little thickening at its base. It adhered to the fascia. In the groin were a number of glands as large as cherries. These as well as the tumour were excised. The parts healed well, and six months later there was no recurrence.

A Committee of the Pathol. Soc. reported on the ulcer that it showed a normal surface of epidermis, below which were large epithelial masses resembling gland structures in arrangement, and probably developed from sebaceous or sweat glands. The lymphatic glands also showed epithelial cells, with considerable thickening of the reticular stroma.

See "Pathol. Transactions," vol. xxxii. page 231.

Mrs. Fisher, æt. 46, Oct. 28, 1880, London Hospital.

[Burgess.]

[Original, J. H.]

#### [D.] CANCEROUS ULCER ON CHEEK.

Case of Mr. F——. Æt. 44.

He had all his life had a congenital vascular growth in the cheek, which had remained quiet. He had also, as long as he could remember, had a small movable gland just beneath the ear.

The vascular growth at length inflamed and scabbed: he picked it, and in the course of a month or two it sprouted. It had been growing for about six months when he came to me, and had increased very rapidly during the last six weeks.

It had been painful, had repeatedly bled, and presented all the features of epithelial cancer. The enlarged gland was movable, and he assured me it was just as it had been as long as he could remember.

The growth extended deeply. I destroyed it by repeated applications of chloride of zinc. It showed a great tendency to sprout and grow again during the treatment. We had to go so deeply that a portion of the malar bone exfoliated.

The gland did not alter in size during the three months that he remained under my treatment. He returned home with a healthy scar. Six months later I again used chloride of zinc for a recurrence, and after that he remained well for fifteen years, when he died of other disease without having had any further relapse.

[Burgess.]

[Original, J. H.]

#### [E.] PAPILLOMATOUS TUMOUR OF NIPPLE.

This portrait shows the state of the nipple-region in a married woman aged about 29. The nipple itself was not













affected, but was concealed by a large pendulous lobe of growth. In the pencil sketch this is lifted aside so as to expose the nipple under it. The disease had begun as a sort of warty sore just above the nipple about ten years ago, and had slowly increased, without pain. It had never bled, and there had been but little discharge. The growth consisted of a coarsely papillary structure resembling in size the lobules of a mulberry fruit. It was abruptly circumscribed and free from ulceration. It was firm, but not hard.

It had begun five years before her marriage. The entire portion of skin involved was excised.

Elizabeth A——, æt. 29. December 5, 1882.

[Burgess.]

[Original, J. H.]

## NÆVUS AND MOLES.

### [A.] TWO COMPANION PORTRAITS TO SHOW THE RESULTS OF TREATMENT OF NÆVUS BY THE ACTUAL CAUTERY.

The treatment was commenced in infancy, and continued at intervals during about a year.

The second portrait shows the result eighteen months from the date of commencing.

[Burgess.]

[Original, J. H.]

### [B.] A VENOUS ERECTILE TUMOUR OF MAMMA.

Sarah H——, aged 21.

The tumour had existed two years, and the first thing which had been noticed was a blood-stain in the skin. The tumour could be emptied, and on removing pressure it filled so fast that it made the woman feel faint.

Death occurred after the excision of the breast, although every precaution was taken against loss of blood.

The tumour consisted of cells into which veins were traced. A full report of the dissection (by Dr. Hake) is given.

[Mr. South (see Chelius' Surgery, vol. ii., p. 794) says that young women are liable before the menstrual period to a vibex or broad streak of extravasated blood, with great sensibility

and pain which gradually spreads to the arm and fingers. It may persist, but usually soon disappears.]

Med. Chir. Transactions, vol. xxx., 1847. Mr. Image's case.

### [C.] VENOUS NÆVUS OF NECK.

Large congenital venous nævus in the neck. It had increased somewhat during the last few years. The patient, a young woman of 25, in excellent health, was very anxious to have something done for it. There was no proof that it communicated with any large vein, although from the way in which its inner border dipped under the edge of the sterno-mastoid suspicions were entertained on this point. It was flabby and pendulous, and looked larger than is represented in the drawing. There had never been any bleeding or ulceration. Mr. Adams tied it up from side to side in four or five loops, completely strangulating the whole. The woman had a rigor afterwards, and died about the 8th day with all the symptoms of pyæmia. No post-mortem was allowed.

London Hospital, Dec., 1862.

[Burgess].

[Original, J. H.]

### [D.] NÆVUS SPREADING AGGRESSIVELY (NÆVUS-LUPUS).

“The little patient was born without any apparent mark upon the head, nor did any appear for eight days after birth, when a small point resembling a minute red tubercle appeared on the forehead, and gradually increased to the size of a crown-piece. This spot was surrounded by many small points at different distances from the main spot, and these, gradually enlarging, ran into one another, forming larger spots, which in turn coalesced with others.”

Attempts were made to excite inflammation in it, the result of which is seen in the two scars. The child, however, died of hydrocephalus before the cure was far advanced.

The post-mortem is said to have shown the arterial system healthy, but the veins were very thin. “The most remarkable part of the case was the extension of the disease to the bones of the cranium.” The skull-cap was preserved in Dr. Alexander Monro's Museum of Anatomy in Edinburgh.



See Dr. Anthony Todd Thompson's edition of Bateman's Synopsis, page 448.

The exact age of the child is not given. Presumably it was a young infant.

Clearly it was a case of rapidly aggressive nævus. Its mode of spreading serpigiously and by coalescing satellites, is exactly like that of lupus. I mentioned the case as "Nævus-lupus" in my lectures, and considered it in association with another which had been under my observation at Moorfields, in which the nose was partly destroyed and the septum perforated.

The following are some further details by Dr. A. T. Thompson:—

"The *first* figure displays the extent of the nævus at the time of the infant's death, and on the cheek is seen the manner in which it successively appeared in minute tumours, which, gradually enlarging, coalesced and extended with the general mass of the nævus.

"The two light-coloured spots within the limit of the nævus, upon the forehead and the side of the head, show the effects of the attempt to cure the disease by exciting ulceration. The ulcers healed and skinned over, as exhibited in the plate.

"The *second* figure demonstrates the effects of the disease on the bones of the cranium. On the parietal bone, towards the fontanelle and close to the coronal suture, is the earliest appearance of the change produced on the bone, which was here thicker, more porous, and more vascular than elsewhere. It gradually became still thicker and more porous, as displayed on the lower part of the same bone, and ultimately formed a considerably elevated, circumscribed, spongy, vascular tumour, as exhibited on that part of the frontal bone over which the nævus first appeared."

#### [E.] THE TURKEY-WATTLE MOLE.

Portrait of a peculiar form of mole above the ear of an infant. The mole consists of a fleshy hypertrophy of the skin arranged in folds, with deep sulci, not unlike brain

convolutions. It was not in the least nævoid. The "turkey-wattle" or "cock's-comb mole."

[Burgess.]

[Original, J. H.]

[F.] NÆVUS (PORT-WINE STAIN) WITH LUMPY THICKENING.

A man aged 40.

The lesion shown in the illustration at parts exhibits simply the character of "port-wine mark" (vascular nævus), while over the greater part of the stain the nævus is complicated with tubercles of a special kind.

The staining of the skin, independently of the elevations, had existed from the patient's birth; but the knobby tubercular condition which it now presents in addition to that stain had commenced to make its appearance only five or six years ago. Most of the tubercles were sessile, but many were pedunculated.

There were no tubercles except on the stained surface, but not every part of the stained surface was tubercular. The tubercles were soft and compressible. On compression of any one of the pedunculated tubers it became pale and flabby, like a shrivelled-up grape, but gradually became plump and coloured again within a few seconds. The tubercles were most of them marked with one or more small pits, the stretched-out orifices of sebaceous glands.

[Burgess.]

[Original, J. H.]

## KELOID.

[A.] KELOID IN VACCINATION SCARS.

Four nodules of keloid in the scars of vaccination. The patient was a girl of eight, and the vaccination had been done on a part which ought, of course, to have been carefully avoided. The keloid subsequently softened and disappeared.

[Burgess.]

[Original, J. H.]

[B.] KELOID AFTER CAUSTIC.

Two portraits from the same patient, a girl of eight, in whom keloid had resulted from the application of some

caustic for the cure of ringworm. On the chest it will be seen that the keloid spurs occupy the middle of a superficial, slightly pigmented scar, having probably developed in the part at which the caustic had penetrated most deeply. In the other sketch, the keloid is just below the lobule of the right ear. The sketch was taken in April, 1873.

[Burgess.]

[Original, J. H.]

#### [C.] KELOID IN SCARS OF ACNE.

A photograph showing multiple keloid patches on the shoulders and scapular regions of a young man, developed in the scars left by acne. From a patient under the care of Mr. James Startin, by whom the patient was shown at a meeting of the Medical Society.

#### [D.] KELOID IN SCARS OF ACNE.

A patch of cicatricial keloid on the front of the chest of a man, in association with acne, and probably developing in acne scars. There are several smaller growths near to the larger mass.

From the photographic illustrations published by Mr. Balmanno Squire.

#### [E.] KELOID AFTER A SCALD.

A portrait showing several distinct formations of keloid on the shoulder of a lady. They had followed a scald, and had existed for several years, but were showing some tendency to soften. They were not so glossy nor nearly so hard as in the characteristic condition.

The case has been published in ARCHIVES OF SURGERY.

#### [F.] KELOID AFTER SCALD.

Portraits of a negro showing enormous patches of thick keloid on the shoulders, neck, and chest. They had been caused by a scald. The case is published in the London Hospital Reports, and in my "Illustrations of Clinical Surgery." The conditions persisted without material change for several years.

[Burgess.]

[Original, J. H.]

## [G.] EXTENSIVE KELOID, IN LINES, ON THE BACK.

A plate showing two figures, back and front, of the upper part of the trunk of a soldier who was the subject of very extensive keloid. There was no history of injury, but the arrangement of the scars was such as to lead to the suspicion that he had been flogged. (See *Medico-Chirurgical Transactions*, vol. xlv.) He had no scars on other parts.

## [H.] KELOID.

Hebra's portraits of cicatricial keloid. In each case the part affected was the mammary region of a woman. No history of the cases is given.

[From Hebra's Atlas.]

## [I.] KELOID OF SCARS.

A portrait, published under the title of "*Keloïde Vraie*," in Cazenave's Atlas, Plate xxxvi. A thick glossy mass crosses the upper part of the chest of an adult ; it has long finger-like projections.

Below the parent patch there is a little group of three small nodules. It is of interest to note that this disease was placed by the author in his "*Groupe des Dermatoses Cancéreuses*."

## [J.] KELOID.

A patch of cicatricial keloid on the front of the chest of an adult man. From Wilson's Atlas.

## [K.] SYCOSIS-KELOID.

A portrait showing sycosis-keloid on the nape of the neck. The portrait, by P. S. H., was taken from a private patient who was under my care in October, 1888.

Another portrait showing the same condition, but in more advanced stage. From Dr. Prince Morrow's Atlas. Published under the name of *Acne-Keloid*.

The arrangement of the hair in tufts, like those of a brush, is very marked.

## [L.] SUBCUTANEOUS KELOID.

An exceptional form of keloid, in part subcutaneous, on the chest of an adult man. The case has been published in one of my lectures on keloid. I excised the whole patch, and the condition in transverse section is seen in the sketch below. The wound healed by granulation, but for some months the scar was indurated and glossy. It subsequently, however, softened, and five years later there was no return. There had been no known injury to the part. It may be doubted whether the growth had any close alliance to cicatricial keloid. It had been slowly progressing for twenty-three years.

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THE SKELETON.

## [A.] SKELETON OF A HYDROCEPHALIC CHILD.

The child was aged 5 years. There was a very large angle of the neck of the thigh-bone with the shaft. (From the Cambridge Museum.) The angle is  $148^{\circ}$ . The limbs are extremely delicate, and could not have borne the large and heavy head; and it is evident that the child must have been confined to bed—at any rate that the erect posture could not have been assumed, and that the necks of the thigh-bones, and also of course other parts of the lower limbs, were not subjected to the weight of the trunk. In the pathological museum at Vienna there is a very similar skeleton.

Sir G. M. Humphrey, *Illustrated Medical Journal*.

[B.] ANKYLOSIS OF INFERIOR MAXILLA WITH  
TEMPORAL BONE.

Annie F——, æt. 89, was admitted into the hospital of Aubusson to spend the last days of a life which had been passed in poverty, but without other infirmities than those inseparable from great age. About six months after her admission she requested Dr. Grellet to draw a tooth which was cutting her lip. She had only two opposite incisors remaining. The doctor, having desired her to open her mouth, was very much astonished to find that the patient was only able to open the



lips, and that it was impossible to move the jaw. He then learnt that at the age of eight years the patient had had a fall on the face, and had broken several teeth; that since that time it had been impossible to open the mouth, and that the want of opening the jaws had caused so little inconvenience that the patient did not regard it as abnormal. During her long life, Anne F—— had eaten by moving the food around the alveolar arches, which had served instead of mastication. She spoke and sang, but the voice was a little indistinct: her speech was sufficiently correct for people not to perceive her infirmity. She was the mother of several children; had worked hard, and had always enjoyed good health. This woman died on November 6, 1821. Dr. Grellet, assisted by Dr. Dumas, surgeon of the hospital, removed the head to examine it more at leisure.

The ankylosis only occupied one of the temporo-maxillary articulations, namely the right. The ankylosis A, fig. 1, is remarkable on account of a great bony exostosis which surrounds and unites the two articular surfaces. Fig. 2 shows a vertical section of the joint, a compact mass (A) is placed between the two articular surfaces. It was evidently at one time ankylosis by invagination, an osseous shell surrounding the articular surfaces, to which it adheres closely; and had ultimately become ankylosis by fusion, the two articular surfaces being now welded together.

The case proves that mastication is not essential to good health and longevity.

[The above is an abstract from Cruveilhier's text.]

#### [C.] SIMULATION OF OSTEOTIS DEFORMANS IN EARLY LIFE.

A skull given by Andral to the Dupuytren Museum, from a man æt. 65, who all his life had never been able to get hats large enough. He was of small stature and of good intelligence.

The rest of the skeleton was not affected: the bones of the face were not altered. The bones of the base of the skull, with the exception of the roofs of the orbits, were not

thickened. Andral, in a note in the "Bulletin de la Societé Anatomique," suggested that it was the result of the cure of hydrocephalus.

The bones resemble exactly the conditions met with in Osteitis Deformans of Paget, and the man's age would agree with this diagnosis. We have, however, the statement that the condition had been present all the man's life, and that the long bones, &c., were not affected.

Unless we suspect error in these statements, the disease was not aggressive, and therefore cannot be assigned to Paget's disease.

[D.] HUMERUS OF A TURKEY, SHOWING AN IVORY EXOSTOSIS SURROUNDING THE BONE AND ALSO FILLING ITS MEDULLA.

It was obtained by the late Dr. Ormerod of Brighton, by whom microscopic sections were also prepared. From a specimen in the Brighton Museum, which was lent to me by Dr. Ormerod for the drawing.

Drawing by Tuffen West.

[E.] REDUCTION OF A DISLOCATED HUMERUS  
OUTSIDE THE CAPSULE.

The man (whose age is not given) died thirteen weeks after his injuries, having been in bed all the time. He had been crushed under gravel, and received fractures of ribs and femur, in addition to dislocation of right humerus into the axilla.

The dislocation was very easily reduced, *but appeared to slip out again. Much difficulty was experienced in keeping it in its place.*

The greater tuberosity was found to have been broken off, and the head of the bone, although close under the acromion, was *outside the capsular ligament.*

The head of the bone was immediately under the deltoid.

The biceps tendon was torn from its origin, and also split longitudinally. The circumflex nerve was torn.

1. Head of humerus.
  2. Glenoid surface of scapula, seen through the upper opening in the capsular ligament.
  3. Bursal cavity under the acromion process of the scapula.
  4. Tendon of subscapularis muscle.
  5. Aperture in the capsular ligament, through which the head of the humerus escaped at the time of the accident.
  6. Surface of greater tubercle of humerus, now rendered concave and smooth.
  7. Surface from which the great tubercle has been broken.
  8. Edges of new capsular ligament.
  9. Tendon of biceps divided above into two portions.
  10. Divisions of biceps tendon.
- From the Guy's Hospital Reports.
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## DISEASES OF THE NAILS.

### [A.] CHRONIC GENERAL ONYCHITIS.

The figure to the left, showing four of the nails of one hand, illustrates the condition of nails met with in general onychitis. This curious disease often affects all the nails of both hands and feet without having any skin eruption associated with it. It attacks the nails with very accurate symmetry, and is, from that fact, clearly constitutional in its origin. It has not as yet been associated with any definite cause, and is but little amenable to any known treatment. It usually attacks children or young adults. The patient from whose hand the sketch was taken was a girl *æt.* 15, in good health.

The nails become opaque and much thickened. Their edges and surface break up and become rugged, and discoloured by the dirt which gets into the cracks. If pared, the nail substance is found to be soft and spongy, the matrix is swollen and readily bleeds. Sometimes the thickened nail substance even contains minute globules of pus.

It is but seldom that there is any history of syphilis, either inherited or acquired, connected with this form of onychitis.

See Dr. Richardson's "Asclepiad" for a good account of this form of disease of the nails.

[Burgess.]

[Original, J. H.]

## [B.] CHRONIC ONYCHITIS OF NAIL-BODY.

Left hand of a girl *æt.* 16, who was under care at the Metropolitan Free Hospital. No reason to suspect hereditary or acquired syphilis. No cause assignable.

See another sketch (outline) of the nails of left hand.

No cryptogamic growth found by the microscope.

## [C.] HEREDITO-SYPHILITIC ONYCHITIS (ADULT).

The nails in right upper corner are from those of a young woman, the subject of an inherited taint of syphilis. Diseases of the nails are not very common in connection with inherited syphilis, excepting in the earliest stage, *i.e.*, during infancy. Now and then, however, we meet with them, and the onychitis almost always takes the form shown in this sketch. The inflammation commences at the root, and transverse furrows are formed by the breaking up of the outer layers. There is no pain, nor much general thickening of the nail, but the whole structure is brittle, and the free edge is usually broken and fissured. No skin disease attends it.

The nails shown are those of the right hand of a young woman *æt.* 20, who was under care at the Ophth. Hospital. She was the undoubted subject of inherited syphilis, and had typical teeth. She had suffered from keratitis. The nails of the other hand were symmetrically affected.

[Burgess.]

[Original, J. H.]

## [D.] ONYCHIA MALIGNA.

In this case the child had previously been under treatment for hereditary syphilis. Her mother had been under my observation with various specific affections, on and off, for nearly eight years. The onychia was cured by local treatment only.

[E.] ECZEMA OF NAILS AND HAND IN A GIRL:  
ROUGHLY SYMMETRICAL ON BOTH HANDS.

Florence H—, *æt.* 12 (*circ.*).

The disease had lasted about five months.



The child was otherwise healthy, but not robust. Teeth decayed. The disease of nails was not so marked on the other hand (the right). The hand was congested in parts, and in an eczematous condition, with dry scales.

[Burgess.]

[Original, J. H.]

#### [F.] DISEASE OF NAILS, POSSIBLY TINEA.

The nails in the case of a little girl, aged 5 years, named Margaret H——.

September 29, 1890. This was possibly a case of ringworm of the nails; but no fungus could ever be demonstrated by the microscope.

[Burgess.]

[Original, J. H.]

#### [G.] CHRONIC PSORIASIS OF THE NAILS.

Mr. M——'s case.

This portrait shows the condition of the nails in a man of about fifty-six, who had long suffered from psoriasis. The nails had been loosened and broken away in their distal halves, leaving the nail-bed exposed. The lunula and proximal third of the affected nails still preserved a condition of health. The thumb-nail was the one most severely affected, and the nail of the little finger had as yet wholly escaped. The drawing well illustrates what is the usual fact in psoriasis, that the disease begins at the free border. It is, however, very exceptional for the nail to break away as in this instance.

[Burgess.]

[Original, J. H.]

#### [H.] PERSISTING INFLAMMATION OF ONE NAIL.

A drawing showing the condition of the thumb-nail in a girl of twelve—Dr. Swallow's patient. The sketch was taken in September, 1890, and in November, 1892, the condition still remained uncured, in spite of much treatment. New nail would frequently grow and then a relapse of inflammation would take place, and vascular spots would appear underneath it. The affection was painful and, to a considerable extent, disabled the hand. Evulsion and caustics, with the



long continued use of arsenic, were amongst the measures tried.

In 1893 I learned that after another removal of the nail the disease had ceased.

[Burgess.]

[Original, J. H.]

### [I.] DIFFUSE DERMATITIS (PSORIASIS ?) INVOLVING THE NAILS.

See Catalogue of New Sydenham Society's Atlas, Plate XVII.

The chief figures in this plate represent the back and front view of one of the hands of a man who was suffering from diffuse dermatitis of the entire body. The scales were everywhere very thin and sparingly accumulated, approaching the condition of pityriasis. The palms of the hands were involved, but only in the same degree as the surface generally. The nails were also affected, and presented roughened surfaces. The patient was a middle-aged man, in excellent health. The eruption had lasted for some months, and was his first attack. It resisted treatment, and was only partially cured, when he left the hospital (the Metropolitan Free).

See drawing of nails of same patient, New Sydenham Society's Atlas, Plate XVII.

[Burgess.]

[Original, J. H.]

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## TUMOURS.

### [A.] MULTIPLE SEBACEOUS CYSTS OF SCALP—ONE ULCERATING AFTER ATTAINING A GREAT SIZE.

The patient had numerous sebaceous tumours of the scalp. Some were in the ordinary condition, but others, on the occiput, had coalesced and formed a hard mass, which adhered firmly to the pericranium. The entire mass, with the adherent scalp-tissue, was excised; its base was very vascular. The cyst cavities had become obliterated.

Jessie C——, æt. 60. London Hospital, Feb. 22, 1878.

[Burgess.]

[Original, J. H.]

[B.] SARCOMA OF SKIN IN A YOUNG GIRL WHOSE MOTHER WAS THE SUBJECT OF CANCER.

It had been growing from two to three months when she came to me, and had been cauterised. See other portrait for section of tumour. I have lost the notes of the microscopic examination, but I believe that it was a spindle-celled sarcoma.

Dr. Williamson's patient. Miss M. H——, æt. 5.

Tumour excised, January, 1878.

May 4, 1878.—In good health. Scar quite sound. A few small enlarged glands in arm-pit; not larger than they were a month after the operation.

Six years afterwards the girl was well, and no enlargement of glands could then be discovered. Her mother had died of cancer of the breast.

[Burgess.]

[Original, J. H.]

[C.] SARCOMA OF FEMUR.

A man, aged 26. The pain in the bone had begun eighteen months before, but there had been a tumour only eight months. He had been treated under the idea that it might be syphilis. It was as large as three fists, and embraced the lower third of the right thigh-bone, adhering firmly to it.

On section the growth was almost homogeneous, opaque, and white, like blanc-mange. At the autopsy thrombi were found in the spleen and liver, and the lungs were pneumonic. Some enlarged glands were doubtfully affected by the new growth. The growth was reported on by Mr. Henry Arnott and Mr. Marcus Beck. See vol. xviii. p. 269, Microscopic Illustration, Plate X. An example of alveolar sarcoma, with cells which did not occupy the alveoli, but were embedded in the stroma. A "small round-celled sarcoma."

The man died of pyæmia ten days after amputation.

Case read at Path. Soc., 1875-6.

[Burgess.]

[Original, J. H.]

[D.] MYELOID SARCOMA, WITH CYSTS, GROWING IN LOWER PART (CONDYLES) OF FEMUR.

Compare with another in same part and an exact facsimile. In both cases, after amputation, the patients did

well, and both are still living. I remember this case well, but have for the present lost the notes. The patient was a young man of about twenty-eight, sent up from the country to the London Hospital for amputation. The tumour had been growing for some years, and it was known that spontaneous fracture had occurred. I believe that he had refused amputation when it was urged on him a year before I saw him. There were a number of enlarged loose and flabby-feeling glands below the groin.

He did well after the amputation, and regained his health. The glands had diminished in size when he left the hospital. The amputation was about nine years ago. I heard that he was well some years after his return into the country, and for anything I know he is so still.

March, 1885.

[Burgess.]

[Original, J. H.]

### [E.] MYXOMA OF SHOULDER.

The patient was in the London Hospital, under my care. I excised the tumour December 2, 1880. The patient recovered. He was a man of about sixty years of age, and the tumour had been growing many years.

The weight of the whole tumour in its fibrous investment was 33 ounces. The fibrous investment, though thin, was strong; below it the smooth and shining substance of the tumour appeared pink in colour, having spots of deep congestion, or small extravasations of blood; whilst here and there were spots of yellow, generally only a few lines in diameter. There was no marked lobulation, but here and there the investment was more firmly inherent, or penetrated the tumour more than at other parts. To the touch the tumour was firm and elastic, and had not the slightest tendency to break on firm pressure. Sections could be made only with difficulty owing to its slipperiness and elasticity. A median section showed that a considerable portion was pinkish-grey, especially at the periphery; but the greater portion was of a yellowish-white colour, irregular patches being present, generally

rounded, and blending with the surrounding parts. Vascularity was nowhere conspicuous.

A mucoid transparent fluid exuded at every section, tinged slightly with blood; it was this fluid which rendered the tumour so slippery. See other portrait for details of microscopic structure.

[Burgess.]

[Original, J. H.]

#### [F.] MULTIPLE ENCHONDROMATA OF HAND.

Cartilage tumours developed in several bones of the fingers and hand. The tumours were in all instances placed within the bone, expanding it. I removed them all, scraping them out. In several instances the removal left a large hole, which passed quite through the bone.

Some months after the removal I amputated the ring finger, as it did not appear likely to be useful; but possibly it would have been better to have waited longer.

Elizabeth E—, æt. 10. London Hospital, Feb. 10, 1887.

[Burgess.]

[Original, J. H.]

#### [G.] SOFT CANCER OF ARM (FUNGUS HÆMATODES).

Fungating tumour (medullary cancer) developed in the cellular tissue of forearm. Rapid growth and tendency to bleed.

Patient an old woman.

Mr. Little amputated the limb, and the wound healed well.

[Burgess.]

[Original, J. H.]

#### [H.] TUMOUR OF SCAPULA (MYXO-CHONDRO-SARCOMA).

P.C. æt. about 32. Parents healthy, both still living. No family history of cancer. History:—About three and a half years ago injured his left shoulder severely by a branch of a tree falling across it. A small hard swelling formed on the left shoulder-blade some time after. This increased slowly in size, and finally grew so large that he was unable from its weight to sit or stand erect. There was occasional stabbing



pain in the tumour. He finally had it incised, against his own doctor's advice. He died a few days after. The discharge from it was said to have been enormous, and filled a couple of buckets. "It was thick brown fluid like drying oil." The whole shell of the tumour broke down in a few days, and came away with the discharge. The tumour was of enormous size, and covered with tense, shining skin, traversed by numerous large veins. Fluctuation was distinctly perceptible in it. The arm was wasted, and helpless. No trace of pulse could be detected on that side. Sensation was not impaired.

Two portraits given me by Dr. J. B., to whom I am also indebted for the above particulars.

[1.] MALIGNANT GROWTH STARTING IN THE NOSE  
AND SUBSEQUENTLY AFFECTING THE PALATE  
—SIMULATION OF SYPHILIS.

*Synopsis.*—A remarkable case of malignant disease, in which healing took place in some parts, whilst the disease spread in others. Destruction of uvula and soft palate simulating the ravages of syphilis, and so diagnosed. Very great enlargement of lymphatic glands. Great improvement under iodide of potassium, but final relapse, external growth, and death.

The growth probably began in the ethmoid, and rapidly implicated the lymphatics. The whole duration of the illness was about a year. There was much lumpy thickening of mucous membrane of palate and gums. All teeth loosened. Disease limited to upper jaw and palate. The tendency to heal in some parts was definite, and constituted a peculiar feature in the case.

Mr. C——, æt. 38, a Workhouse master; dark complexion. No family history of cancer; never had syphilis. When first seen by Dr. Downes, of Eastbourne, there was immense swelling of the right side of the neck, apparently the parotid and submaxillary glands. There was also mischief in the lachrymal duct of the left side, which looked as if an abscess was forming, and would open externally. He took iodide and mercury, with the result that the lachrymal disease vanished and the glands diminished one half. This was in Feb., 1887. "He used oleate of mercury ointment for six weeks,



and *got perfectly cured.*" During the summer he relapsed. He was seen again on the 3rd of August, when he had lost flesh considerably. Tried iodide again, but it disagreed. In October, the tumour on the nose had reached the size of a pigeon's egg. (Mr. C——'s portrait taken, Oct. 14, 1887.) Was weak and had lost flesh. He had had extensive ulceration of the palate, uvula, and gums since August. The glands on the opposite side of the neck to those affected in February had become enlarged. The ulceration of the mouth did not seem to be very destructive, and healed at one part, spreading at another. He died soon after I saw him. The uvula was destroyed, and soft palate perforated.

I was indebted to Dr. Downes for particulars of the case in its early stages.

[Burgess.]

[Original, J. H.]

[J.] MALIGNANT GROWTHS ON THE HEAD—SUBSEQUENT MULTIPLICATION OF GROWTHS—SPONTANEOUS DISAPPEARANCE OF SOME—DEATH IN ONE YEAR.

Portrait showing two large purplish growths, one above, and the other just in front of the ear. The following is the description of the case:—

Mr. H——, sent to me by Mr. Scattergood, of Leeds, July 31, 1887. He was in excellent health, his only trouble being the two tumours which are shown in the portrait. Of these the one behind the ear appeared first, but it was now smaller than the other. The one on the cheek was clearly a satellite, in the sense of being developed in proximity to the other, and by infection from it. There was no gland disease. In each instance the tumour involved the skin, and probably originated in it. All the structures were thickened and very hard. The borders of the tumours were ill-defined, merging gradually into the healthy parts. The surface of the tumour on the cheek was smooth and glossy, and of a deep purple plum tint. In neither case was there any tendency to ulceration or softening. Hairs grew over the surface of both tumours, and it was a remarkable feature that the hair

follicles seemed to have been greatly lengthened by the thickening of the superficial parts of the integument. Thus on pulling a hair out, a length of nearly half an inch was seen to have been embedded in the sheath, passing apparently into the middle of the substance of the tumour. He was fifty-six years of age, florid, and in good health. The first tumour had been noticed about eight months, and the other four.

Mr. Scattergood wrote me that the tumours had scarcely changed during the eight weeks that the patient had been under his observation, excepting that the one on the cheek was a little larger.

Mr. Scattergood subsequently wrote me that Mr. H—— died in the summer of 1888. In the interval “the tumours had got larger and more tense, and intensely purple in colour, looking as though they would burst. Fresh ones were also developed on his chest and thorax. His general health did not appear to be much impaired. Mr. Jessop attended him at the end.” The following is an abstract of Mr. Jessop’s report:—He came under Mr. Jessop’s care in February, 1888, and died in August, 1888. In February, masses varying in size from a pea to an orange were thickly scattered over his whole body, head, face, trunk, and limbs, the largest by far being those on the head and face. They were firm, and for the most part pink-coloured. Mr. Jessop removed a portion from the head, and its structure, as determined by a competent pathologist, consisted of fibrous material and epithelial overgrowth, and was not sarcomatous, as had been suspected. Mr. Jessop had prescribed for him small doses of antimony and arsenic, under which the tumours materially diminished. In May the shrivelling had so far progressed that the sites of the huge bosses on the head were marked only by slight elevations, while the smaller ones on the limbs had disappeared. He had, however, lost flesh and strength (although at one time he had considered himself cured). His appearance became sallow and earthy. The sites of the swellings were becoming dusky brown, and subsequently deepened to a negro blackness, and to a certain extent the lumps reappeared, though they never became more than a quarter of their

original size. The limbs became œdematous, circulation flagged more and more, he became aphonic, prostrated physically and mentally, and died suddenly from syncope. No post-mortem could be obtained.

[Burgess.]

[Original, J. H.]

[K.] MALIGNANT ULCER IN THE BACK OF THE HAND OF AN OLD MAN WITH COMMENCING HORN.

Back of a man's hand showing a peculiar outgrowth. The disease occurred in an old man, æt. 80 (Mr. L—— from Whitstable), and had been noticed seven months at the time the sketch was taken. The appearance presented was that of a rolled edge with irregular border. The tissues were of a dusky blue tint, and looked to have the consistence of wax. In the centre was a yellow prominence. This was absolutely hard and corneous, though in the sketch looking like a crust. (The sketch is possibly too pink in colour, but does not otherwise exaggerate the features of the growth.) The conclusion of the case is not known.

[Portrait by P. S. H.]

[Original, J. H.]

[L.] A LARGE MALIGNANT ULCER (RODENT) ON THE SHOULDER.

James Perry, æt. 62. April 27, 1881. London Hospital.

Rodent ulcer. It had been present many years, and had spread slowly but steadily. He was in excellent health. I scraped the edges and surface on the 1st of May, and then freely used the actual cautery. The edges and base were decidedly hard, and were scraped with difficulty. The ulcer is as large as an outspread hand. It presents a florid surface, destitute of granulations, but with small bossy growths here and there. Its edge is for the most part rolled, like that of rodent ulcer. The subsequent history of the case is not known.

Compare with the case of Madame de K——, 1886-88, æt. 65, in whom the ulcer had been present twenty years and had progressed very slowly. It extended to the spines of

vertebræ. It had undermined edges in many parts, and did not show the tendency to spread in the skin itself which is usual in rodent of the face. Its surface was just like that shown in this portrait.

[Burgess.]

[Original, J. H.]

[M.] "CRATERIFORM ULCER" OF THE FACE  
(EPITHELIAL CANCER) IN AN EARLY STAGE.

Mr. R——, æt. 67. Excised, January, 1889.

It had been growing about four months, and was believed to have originated in a small mole. Sections showed characteristic appearances of epithelial cancer.

The portrait shows a growth immediately under the left lower eyelid, about the size of the end of the forefinger, ulcerated in the middle, and covered with a black crust. There was no return of the disease, and the patient was living several years afterwards.

[Burgess.]

[Original, J. H.]

[N.] RODENT CANCER OF NOSE TIP.

The portrait of the Rev. C. F. N——. This gentleman was aged 73 at the time the portrait was taken. He was the subject of rodent cancer on the tip of his nose, which had formed a little confluent group of semi-transparent tubercles. These were, as seen in the sketch, considerably elevated. He had had a great deal of treatment for it, and often obtained a temporary cure. It had begun, he said, twenty-five years ago, and seventeen years ago it had been excised by Mr. John Birkett. Since then it had been repeatedly cauterised by different surgeons. I treated it by scraping, and the free use of the actual cautery afterwards. The result was a healthy scar, but with a small knob of keloid in its middle.

[Burgess.]

[Original, J. H.]

[O.] RODENT CANCER.

The portrait of a man named Robert Farrow, aged 54, who was under my care in the London Hospital in 1874. The disease was of ten or twelve years' duration. The



portrait shows a rodent epithelial ulcer, involving the whole orbital region of the left side, and extending from the bridge of the nose to the ear. The eye has been destroyed. The ulcer presents at parts fungating growths, and everywhere a rolled edge which is considerably elevated.

[Burgess.]

[Original, J. H.]

[P.] FUNGATING CANCEROUS GROWTH IN FRONT  
OF THE EAR.

James Eaton, July 7, 1880. London Hospital.

The subject of this case was an elderly man who was under my care at the London Hospital. The portrait shows a large bossy growth, which involves the front part of the ear and the adjacent part of the cheek. It had blocked the external auditory canal, and was believed to have begun in it. It did not present anywhere the character of rodent, as regards edge, &c., and there was some commencing enlargement of lymphatic glands. It is believed that the patient died within six months of the portrait being taken.

[Burgess.]

[Original, J. H.]

[Q]. EPITHELIAL ULCER ON SIDE OF NECK.

John Powell, æt. 82. London Hospital, November 25, 1880. Admitted November 17, 1880.

He first noticed a small lump under the skin in the position of the tumour about November, 1879. It enlarged, and in the spring of 1880 the skin over it broke. Pain was then first felt, and has recurred ever since at times, of a "deep gnawing" character, worse at night. There are several small warts on patient's face. The growth is "almost as firm as cartilage," never bleeds much, is moist, and exudes a dirty yellow exudation. There is a small gland at the level of the tumour in the neck, but it is doubtful whether it is secondarily enlarged.

December 2, 1880. The growth excised. In the next month he suffered considerably from diarrhœa.

January 22, 1881. Erysipelas set in, and proved fatal on the 30th.

The microscope showed the "roll" of the ulcer to be



almost entirely made of globes of epithelial cells, with hardly any cell-infiltration, and often only thin fibrous septa between the rounded epithelial masses. See Section M. 13. See also Section M. 13A. Nested globes and prolongation downwards of the epithelium are plentiful amongst the fibrous scar-tissue.

[Burgess.]

[Original, J. H.]

#### [R]. LUPUS-CANCER. EPITHELIAL CANCER IN THE SCAR OF LUPUS.

A woman, æt. 51, under my care at the London Hospital in October, 1873. Numerous patches of lupus, and extensive lupus scars on face and neck. The growth was excised, a new lip being made by transplantation.

In February, 1874, she returned with fresh cancerous growth and ulceration, which had attacked a neighbouring scar. Chloride of zinc was applied. It is believed that she died with returned and fungating growth within a year.

[Burgess.]

[Original, J. H.]

#### [S]. GRANULOMA FUNGOIDES.

Auspitz : Ein Fall von Granuloma fungoides.

A case of granuloma fungoides (Mykosis fungoides, Alibert). A woman, aged 34, two years married, without children, no syphilis. Under Auspitz' care from August, 1884, to February, 1885 (still living). The patient had good health till 1877.

For text see Granul. Fung., Extract Book, No. 211.

- 1877. 27. Unmarried; began to suffer from pain at stomach; about same time there appeared in the skin of the back red spots of various sizes, some of which vesicated.
- 1878. 28. Attended Hebra's Clinic with a diagnosis of "papular eczema of face and arms with anæmia." Took arsenic and iron.
- 1879. 29. The spots appeared on the forearm and back of hand; also on the forehead, especially on left side.
- 1880. 30. Treated by Brom. Kali.
- 1881. 31. Under various treatment.
- 1882. 32. Under various treatment.
- 1883. 33. Under various treatment.
- 1884. 34. August. First seen by Auspitz.
- 1885. 35. Still living.
- 1886. 36.
- 1887. 37. Still living, and in fair health.

**PORTRAITS ILLUSTRATING MELANOSIS AND  
MELANOTIC SARCOMA.****[A.] HEBRA'S "CARCINOMA MELANODES."**

Tafel X. of Hebra's Atlas, Heft V., represents what is there named *CARCINOMA MELANODES*, affecting, in one enormous patch, the whole front of the left thigh of an adult woman. The patch is represented of a slate-gray, almost black tint, with considerable thickening, and everywhere roughly tuberculated. There does not appear to have been any ulceration, nor is the growth as regards thickness much greater in one part than in another. The margins of the patch are everywhere tolerably abrupt, but they also show everywhere, closely adjacent to them, little islands of infective aggression. The conditions differ considerably from those seen in the blue patches of the hands, as illustrated in Hebra's portrait of "sarcoma melanodes" and my own drawings. In the first place, the conditions are not symmetrical, and the disease has clearly advanced solely by spreading at its edge. In the next it is much more tuberculated and attended by far more thickening of the skin.

A reference to the history of this case is wanted.

**[B]. HEBRA'S "SARCOMA MELANODES."**

This portrait has been given by Hebra as illustrating a disease which he believed to be new, and which he named *Sarcoma Melanodes*. No particulars as regards the individual patient are recorded, nor have I been able to identify the case in any one of the five given in Kaposi's account of *Sarcomatosis Cutis* (New Syd. Trans., vol. iv. p. 240). Hebra states that this disease always terminates fatally within two or three years, and that he had seen it only in men over forty years of age. Bilbroth had mentioned to him a case in a boy which also had soon ended fatally. He says that it always began on the foot. In four out of Hebra's five cases the termination was not known. In all the cases the patient was of the male sex, of about the same age.

## [C.] LENTIGO-MELANOSIS.

Portrait of Mrs. D. W——, aged 60. The case is published in ARCHIVES, Vol. III., p. 319, Case IV. The portrait was taken on December 16, 1891, by Miss Green. It shows both the upper and lower eyelids involved in superficial melanotic staining, which is deeper in some parts than others, and displays in some parts a slight tendency towards papillary growth. The conjunctiva of the lower part of the eyeball is stained black, and so also is the lower edge of the cornea. The condition had gradually spread, during six or seven years, from what were in the first instance thought to be freckles. Just above the inner canthus is seen a little florid nævus, which was of recent development. On the lower eyelid on the opposite side there was another little nævus and a few brown freckles, not very conspicuous.

In 1894 this patient attended one of my demonstrations, and was also shown at the Dermatological Society. In 1893 I had cut out a small malignant growth from the edge of the eyelid. It was sarcomatous and not pigmented. See ARCHIVES. The staining had advanced in the eye, but not on the cheek.

[By Miss Green.]

[Original, J. H.]

## [D.] MULTIPLE MELANOSIS OF SKIN, SECONDARY TO MELANOTIC GROWTH IN A MOLE.

Abstract of a "Case of Melanosis, by David Williams, M.D., Physician to the Liverpool North Dispensary" (1829).

John Thomas, æt. 39, a coal miner. The duration of the disease was three years and eight months.

On the left shoulder near the base, and a little below the spine of the scapula, he had a purple or dark-brown stain-like spot about the size of the section of a pea. In March, 1826, his wife noticed that his "mother's mark" was increasing in size. This spilus continued to spread gradually, and when it had attained the circumference of a shilling, an excrescence similar in colour to itself began to rise in its centre. In March, 1827, the excrescence was the size of a marble. During this year it was repeatedly injured in his work. In December, 1827, a dark-coloured speck was observed in a line

between the angle of the left side of the maxillary bone and the left nostril, just above the commissure of the lips; in a few days more a similar one was noticed near the base of the lower jaw. Soon after both specks began to spread, and soon after various other ones made their appearance from time to time on various parts of the trunk, head, and upper and lower extremities. In February, 1828, the excrescence on the back, which had assumed the mushroom form, began to discharge spontaneously and unceasingly a sanguineous coloured fluid. His general health was not impaired by the growth.

The excrescence was finally removed by a ligature; it healed well, and no return showed itself for several months.

Melanotic depositions presented themselves on the surface of the body pretty generally, but more especially on the scalp, face, and arms. The tubercles spread slowly, and did not ulcerate. Finally flattish and globular tumours appeared over the whole body, except on the penis, scrotum, and ears.

As the disease advanced, the skin between the tubercles became gradually darker and darker. A tumour also developed in the left antrum maxillare, and another in the epigastric region. The latter extended rapidly; and he died of emaciation and debility, November 15, 1829.

No post-mortem was allowed.

[A coloured lithograph.]

#### [E.] MELANOTIC SARCOMA GROWING IN THE ALA NASI.

London Hospital, January 24, 1872. John A. Wortley, 68, a vigorous old man, brown-grey hair, complexion not dark. A small black pimple was noticed eight years ago, and attributed to a slight injury. It slowly increased till about a year ago, when it began to grow more quickly.

January 18, 1872. Admitted at London Hospital from H. S. D. He had been at the latter previously (in 1868), and believes it was then called "Rodent Cancer of Nose." Now (January, 1872) a black, hard mass, nearly spherical, as large as a small walnut. Sebaceous glands over it enlarged, and it projects into the nostril. No enlarged lym-



phatic glands. The growth freely removed on January 24th. Severe erysipelas followed, but he recovered.

August, 1872. He wrote that he was "fearful that he had another coming near the eye." Conclusion not known.

[Burgess.]

[Original, J. H.]

[F]. MELANOTIC SARCOMA BEGINNING UNDER  
THE NAIL OF THE GREAT TOE.

Path. Trans., vol. viii., p. 404. The growth began apparently from an inflamed nail. Patient an elderly woman. Amputation of toe. Subsequent removal of enlarged glands from the inguinal region. Ultimately death from recurred cancer in glands. The foot had remained sound after the amputation.

[Burgess.]

[Original, J. H.]

[G.] MELANOTIC SARCOMA IN SOLE OF FOOT,  
UNDER THE HEEL.

Charlotte Wilson, æt. 30. London Hospital, January 19, 1881. Mrs. Wilson was sent to me by Dr. Dove, of Pinner.

I excised the affected part freely, and found the fat beneath apparently quite healthy. It healed well. Within a few months of the operation a large glandular growth formed in the groin. There were also signs of recurrence in small spots near the scar.

She rapidly got worse, had tubers form in the liver, and "in all parts." I believe she had many nodules in the skin.

She died within a year of the operation. The portrait shows a fungating growth the size of a half-crown just under the heel. It is pigmented only in small parts.

[Burgess.]

[Original, J. H.]

[H.] MELANOTIC SARCOMA IN SOLE OF FOOT.

Thomas Hunter, 42 (from the London Hospital, under Mr. H. Fenwick's care). Duration of growths noticed since November. He ran a nail into the sole in October. A small hole formed first from a "kind of corn coming away."

The glands and lymphatics were involved in the groin.



This portrait shows two fungating growths about the size of shillings in the sole of the foot. In each of them there appear to be some melanotic elements near to the edge of the growth, the principal parts of the latter being, however, free from colour.

[Portrait by P. S. H.]

[Original, J. H.]

### [I.] THE CRATERIFORM ULCER.

Three portraits showing different stages of the Crateriform Ulcer. In all the Ulcer was freely excised, and, so far as is known, there was no return. In all it had been only of a few months' growth. In all the microscope showed the structure of epithelial cancer.

[By Burgess.]

[Original, J. H.]

### [J.] LUPUS-CANCER WITH RAPID FUNGATION.

This portrait is one published by Mr. C. T. K. Shaw in *The Homeopat. Jour.* It shows well the very rapid growth which is frequently witnessed in Lupus-Cancer. The patient had for many years been the subject of Lupus Vulgaris, which had left his face extensively scarred. In the middle of his right cheek a cancerous ulcer formed, as shown in the first portrait. Nine months later the conditions shown in the second portrait had been attained. The whole side of the head was then covered by a florid fungating mass.

### [K.] RODENT CANCER SPREADING SUPERFICIALLY.

In this portrait the Cancer has spread superficially over the temple of a woman of middle age. On the edge of the orbit it has passed more deeply. The spreading edge is constituted by a low, narrow roll of induration.

This portrait, with two other similar ones, lend support to the belief that this disease is more apt to be superficial on the temple than elsewhere.

[By Burgess.]

[Original, J. H.]

## [L.] RODENT CANCER SPREADING SUPERFICIALLY.

The subject of this case is an old man still living (1894) in the Kensington Infirmary. He has suffered for ten or fifteen years from Rodent Cancer. It has spread superficially over the left temple side of head. Nowhere are the tissues very deeply involved; but, at the same time, nowhere has there been any cicatrisation. In the absence of scar, the case differs from Mr. Cæsar Hawkins' case. As regards the extent of ulceration, the two are almost exactly alike.

[By Burgess.]

[Original, J. H.]

## [M.] RODENT CANCER SPREADING SUPERFICIALLY AND CICATRISING.

This engraving was given me by the late Mr. Cæsar Hawkins. It shows a very extensive but very superficial Rodent Ulcer on the temple and side of the head of an old man. The "rolled edge" of the spreading disease is very characteristic, although very slightly developed. The greater part of the surface over which the disease has travelled is in a sound condition of scar, but there is ulceration at one spot. At no part has there been destruction of subcutaneous tissues. The duration of the disease is not known.

This portrait may be compared with two others showing similar superficial ulceration.

## [N.] THE CRATERIFORM ULCER.

Two photographs of the same patient, an old woman who had suffered for two years from a malignant Ulcer on the left temple. It had elevated bossy edges, and presented a large central excavation. There was enlargement of the cervical glands, as may be seen in one of the portraits. The sequel of the case is not known. The photos were given me by my son, Roger Jackson Hutchinson, by whom they were taken at York. I never myself saw the patient.

**MISCELLANEOUS.****[A.] THE LEGS OF A PERSON LONG BEDRIDDEN.**

The legs of an old bedridden woman in the Whitechapel Infirmary. The portrait was taken to show the position assumed by the feet after many years of confinement to bed, and also the conditions of senile atrophy of skin. The feet are extended at the ankle so as to be in a straight line with the legs, and the toes also are straight. The toes were dusky, as if senile gangrene were threatened. The skin was everywhere very thin and dry. The portrait is that of a woman named Esther Lampl, aged 76, and was taken in October, 1891.

[Mr. Swainson.]

[Original, J. H.]

**[B.] CONTRACTION OF FINGERS, WITH PAINFUL STUMP OF THUMB—CURE BY AMPUTATION THROUGH FOREARM.**

Dr. Thyne's case.

A case of painful stump. The stump was that of the right thumb, and extreme flexion of the wrist and fingers had taken place. It was persistent, and the hand could not be opened. The man had been a mate on board a vessel, and had his thumb nail twice crushed; the thumb was subsequently amputated on account of pain, at the Queen's Square Hospital, by Mr. Victor Horsley.

There was no diminished nutrition in any part of the skin, and the muscles were not atrophied; the small muscles of the hand quivered when touched. He suffered great pain; the nails had grown very long, from the patient being unable to cut them. He had been an opium smoker previous to the injury. Amputation through the forearm was followed by complete relief from pain (Dr. Thyne, of High Barnet).

[Burgess.]

[Original, J. H.]

**[C.] BULLET LODGED WITHIN THE CRANIUM.**

The sphenoid bone, &c., with a bullet lodged just under the right anterior clinoid process. It had probably been

there for years, and no history was forthcoming. The patient was a woman who had died of fever.

By permission from a specimen in the Leeds Museum (by Tuffen West).

#### [D.] CYSTIC HYGROMATA OF NECK—ILLUSTRATIONS OF TREATMENT BY INJECTION.

Professor Esmarch's four cases reported at the German Congress at Berlin, 1875.

1. Painful cyst in neck of female æt. 22. It had existed  $2\frac{1}{4}$  years; increased rapidly lately. Tapped with hydrocele trocar, and 300 grammes of pus-like fluid let out. Lugol's fluid (about  $\frac{1}{2}$  oz. of a solution of iodine and iodide of potassium—equal parts in 24 of water) injected. Fourteen days later the operation was repeated. The cyst then slowly shrivelled up, and in a year's time had disappeared.

2. Cyst in sub-maxillary region of male æt. 5; it had grown for two years. The fluid contained "epithelial cells" and cholesterine.

The same treatment was pursued, the cyst being three times injected at intervals of about a month. Six months later it had disappeared.

3. Cyst in neck of male æt. 20, of four or five years' growth. Yellowish-white fluid let out, which contained large numbers of epithelial cells. Only one injection required, two months after which no traces remained.

4. Cyst in neck of male æt. 28, of one year's gradual growth. Two injections at an interval of eleven days.

In all these cases, after the cyst had been emptied, carbolic solution (one in a hundred) was used to wash it out, until it returned clear.

See bound volume of Surgical Pamphlets, 1869-81.

#### [E.] BLEACHING OF THE HAIRS OF EYELASHES.

Both eyes had been lost by destructive iritis after severe neuralgia in connection with toothache. The patient was a young man who had never had syphilis.

It is remarkable that in each eyelid a tuft of hairs still



retained pigment, this tuft being quite symmetrically placed. The eyelashes remained in this condition as long as he was under my observation.

I saw in 1882 a remarkable case which seemed complementary to this. A young girl named K—— had the hair of her scalp quite white after a severe illness with pityriasis rubra. Her eyebrows and eyelashes retained their brown colour (or had regained it), but in the left upper eyelash was a tuft of hairs quite white. *It was in exactly the same position as the brown tufts in the present instance.* It had no fellow on the opposite side. Thus in the two cases the colour of the scalp hair corresponded with that of the eyelashes in this particular spot.

[Burgess.]

[Original, J. H.]

#### [F.] MALIGNANT PUSTULE (GANGRENOUS) OF SKIN.

Portrait of a case of “malignant pustule” of the right cheek and lower eyelid, “the consequence of touching skins.” The patient was a middle-aged butcher, under the care of Mr. Lawrence in St. Bartholomew’s Hospital. “Mr. Lawrence subsequently had a patient in the same ward for the same disease, arising from the same cause—the patient was a boy about fourteen years of age, and the pustule was situated near the wrist.”

This portrait is of value from the fact that the diagnosis was made nearly fifty years ago and the cause assigned. It does not, however, represent the conditions which we are accustomed in the present day to associate with “malignant pustule from touching skins.”

From the collection of the late Professor Partridge.

#### [G.] LARGE TOPHI IN HANDS.

I. Portrait of two hands. William S——, æt. 49, a coach-smith. Gout in the feet twenty years ago. The hands have been in the present condition twelve years. Eldest brother had gout. There were also tophi in the iris. See other sketch of iris.

Kensington Infirmary, April, 1892.

[Burgess.]

[Original, J. H.]



## [H.] LARGE TOPHI IN HANDS.

II. Portrait of two hands. Henry W——, aged 42. Hands been in present condition fifteen years; feet affected at the same time. Father died of gout.

Kensington Infirmary, 1892.

[Original, J. H.]

## [I.] AN EXAMPLE OF FAMILY DISEASE.

This photograph is copied from a painting in the possession of the Royal College of Surgeons, Dublin. Nothing more is for the present known about the cases than what may be learnt from the drawing. Four children are seen at different ages, all suffering from similar defects, in different degrees, as regards their four extremities. They all have the appearance of normal mental development, and good sight. In the two younger there is considerable lordosis of the spine in the lumbar region. This is less certain in the two elder ones. In all four the limbs appear to be more or less defective as regards their muscular development, and have undergone peculiar contractions. It is clear that not one of the four was able to walk, whilst it is evident that the eldest could use the upper extremities more or less, and no distortion of the hands is shown in the youngest; in the second and third the upper extremities were probably almost helpless. The mother has a bronchocele, but no defect of her limbs. As an illustration of a congenital family condition of defective innervation of the limbs, the group is of much interest.

## [J.] CHANCER ON FINGER.

Mr. D. W. I——, æt. 22. (See notes in Diary, January 25.) He attended a labour on April 5, his right forefinger having at the time a small abrasion at the edge of the nail.

April 5. Date of infection. Trifling tenderness remained, but he thought nothing of it.

May. Throughout May the finger was a little tender, but there was no discharge, and he did not cover it.

June 1. For the first time he became suspicious of its nature, and now ceased to attend midwifery.

June 15. Eruption first noticed.

June 25. When the sketch was taken he had a copious papular and roseolous eruption over chest and abdomen.

[Burgess.]

[Original, J. H.]

[K.] LICHEN RUBER MONILIFORMIS.

The case which this portrait illustrates was described by Prof. Kaposi in the Viertel. für Derm. for 1886.

The affection, which is regarded as quite unique, consists mainly of thick linear ridges in the skin, like keloid, arranged chiefly in the long axis of the limbs and trunk, and especially numerous on the neck and over the joints. In addition to these "coral-like" ridges, there are scattered over the body numerous brownish-red papules, and here and there the skin intervening between the ridges is deeply pigmented.

[L.] BAZIN'S MALADY (SCROFULOUS ULCERS ON THE LEGS).

Portrait showing the backs of the legs of a girl who was under Dr. Colcott Fox's care in the Westminster Hospital. The conditions are very similar on the two legs. On each there is a patch about the size of a half-crown of dusky swollen skin, breaking down at several points. Several other ulcers, much smaller, and some small scars are seen near to them. The patient's name was Ellen Daulton, and her age thirteen years. The portrait was taken by Mr. Swainson. Dr. Fox has another of the same case by another artist.

See ARCHIVES OF SURGERY, Vol. V.

[M.] ICHTHYOSIS IN STREAKS (ICHTHYOSIS HERPETIFORMIS).

The affection in this case was for the most part one-sided, and occurred in streaks. The patches were raised, and had a papillary or warty appearance. The patient was a girl of ten, and the condition had been present from birth. There was no family history of diseases of the skin. She had only one sister. The parts of the skin which were not affected were unusually soft and smooth. The child was well developed

and had good health. The eruption was much more copious on the right side of the body than on the left, and in most parts was strictly limited by the middle line, both back and front. There were exceptions to this limitation, however, which are well shown in the photos. In particular there was a thick collar, which extended some distance round the neck. There were no patches on the face and head, and very few on the hands and feet. Where the disease affected the limbs it was arranged in streaks; but it was impossible to identify these streaks with any known nerve distribution. Dr. Savill excised portions of the skin for microscopic examination, and found the epidermis very much thickened, the increase being chiefly in the horny layer. This layer consisted of a mass of flattened cells, in parts more than twenty times its normal thickness. The cells were loosely adherent, and difficult to retain in a mounted specimen. The malpighian layer was not thickened in proportion to the superficial one, but it was six times thicker than normal. The corium was not thickened, and no alteration could be detected in the hair follicles or sebaceous glands. Not a single sweat gland could be discovered in any of the eight sections which were prepared. Although the papillary layer was not thickened, the papillæ themselves were much increased both in number and length.

A more full statement of the case, of which the above is an abbreviation, accompanies the photos. Photographs given by Dr. T. Savill.

#### [N.] DISTURBANCE OF PIGMENT FORMATION.

This group comprises—1. *Functional increase of pigment.*

a. Diffuse bronzing.

b. Freckles.

2. *Bronzing of the skin in connection with Addison's disease.*

3. *Leucoderma.*

4. *Congenital absence of pigment (albinism).*

#### [A.] BRONZING FROM EXPOSURE TO SUN.

This portrait is that of a young woman who was out of health, and was sent to the seaside during hot weather. On her return, still out of health, she presented the condition

shown in the portrait, being so brown that I suspected she was the subject of Addison's disease. The sequel, however, made this diagnosis very improbable, for she lost her pigment and regained her health. The portrait is valuable as showing the extent to which summer "tanning" may go, and it also illustrates the fact that this tanning is not always indicative of good health. It may be remarked that those who become tanned in this manner seldom freckle much.

[Burgess.]

[Original, J. H.]

#### [B.] BRONZED SKIN FROM ADDISON'S DISEASE.

Portrait of young woman who died at Guy's Hospital of Addison's disease. She was perhaps more deeply coloured than almost any other example of the malady, but the portrait is not an exaggeration. Her hand, which is shown, was almost black. This portrait was published for the New Sydenham Society.

#### [c.] ADDISON'S DISEASE.

Portrait taken post-mortem (London Hospital, 1858). Case published by myself in *Path. Trans.*, vol. ix. p. 414. Referred to by Dr. Greenhow (No. 105). A boy, aged 11 (one of the youngest on record). Dr. Greenhow's abstract:—

"Had been losing flesh for some time; bronzing about six months. Illness only a few weeks. Progressive weakness, last week of life having apparently been overdone by a long walk, slight diarrhoea, sickness, and a series of convulsive seizures. Whole surface discoloured; face markedly but not uniformly bronzed; a patch on forehead, which shaded off into the less dark skin; backs of hands and sides of knees deeply bronzed; a few faint streaks on lips; conjunctivæ pale. Supra-renal capsules both disorganised, cheesy, and calcareous, with firm, fibrous, binding web. No signs of recent inflammation. No trace of normal structure. Other organs healthy, except mesenteric glands, many of which were enlarged, cheesy, and calcareous."

See sketch of knee.

[By Tuffen West.]

[Original, J. H.]



## [D.] ADDISON'S DISEASE.

A lithograph illustrating Dr. Hughes' case, published in the *Dublin Quarterly Journal of Medical Science*, November, 1865, p. 363. Mentioned by Dr. Greenhow (No. 147). Dr. Greenhow's abstract is as follows :—

“Subject to dyspepsia and pyrosis for several years. Last illness a few months. Progressive debility, sickness, breathlessness on exertion ; vertigo on assuming an erect position ; severe but intermittent pain from lumbar vertebræ encircling abdomen ; pain and tenderness from pressure, both of arms and spine ; death from sinking. Face, neck, hands, of smoky brown colour, well marked in axilla, around nipples, in groins, on scrotum, knees, and on epigastrium, where croton oil had been applied. In axillæ and on arms a few scattered black spots. Supra-renal capsules, especially left, enlarged by firm, opaque, lardaceous-looking substance ; centre of left occupied by cheesy-looking, manifestly strumous deposit, &c. Miliary tubercles on surfaces of lungs beneath pleuræ.”

## ELEPHANTOID HYPERTROPHY OF THE SCALP AND ALLIED CONDITIONS.

[All the portraits described in the following remarks are to be seen in the Museum.]

Amongst the illustrationis of the so-called Elephantiasis of scalp we have a very extraordinary one given by Bruns in his Atlas, and referred to in his book in pages 90–91. It is designated “Hypertrophy of the Scalp,” and represents the head of a woman, apparently under middle age, with an enormous lobulated hypertrophy of the skin on the back of the head. It rises at a steep elevation on the vertex, and hangs as a pendulous mass over the neck. Two drawings are given, one showing a profile view and the other a posterior one. It may be doubted whether the profile portrait was done from the patient. The posterior view shows a lobulated fairly smooth surface, with isolated nodules scattered on it ; there is no approach whatever to the sycosis-keloid condition.



Some curious cases of abnormal development of the scalp in lunatics have been published by Dr. McDowall, of the Morpeth Asylum. One of them is quoted from Dr. Poggi, of Turin.

In Dr. Poggi's patient the age was sixty-six, and in Dr. McDowall's twenty-two. In both the skin of the scalp was hypertrophied and thrown into thick folds.

Dr. McDowall mentions that the expression "furrows like a potato field" had been used by M. Jules Breton, the artist, to describe this condition of things; the folds are, however, more like the convolutions of the brain.

A woodcut is given by Dr. Thomas Goodfellow, of Manchester, in the *Illustrated Medical Times*, which is designated "Elephantiasis of the scalp and other parts." It shows considerable hypertrophy of the skin on the back of the head, which is thrown into folds divided by furrows, and is described as a brawny papular swelling. The patient, who was a hammer-man, had suffered from pains in his head, and his knees had been swollen; he had also had some nodular lumps on his face. I have endeavoured to obtain some further particulars of this case, but have failed.

A very curious portrait of diffuse hypertrophy of the skin of the face and head is given by Bruns in his Atlas, and is described on page 136. It represents the skin of the whole face, including the chin and forehead, as thrown into thick folds, some of which are more or less pendulous. Right eyelids are closed by swelling; the nose, lips, and the left eyelids have escaped.

It may be added that a portrait given by Dr. Jameson, "Mycosis Fungoides," is not wholly unlike Bruns' portrait.

# DEMONSTRATIONS.

The first Clinical Lecture at the Museum was given on Tuesday, October 10, 1893. It was on Bazin's Malady, and was succeeded by the following:—

TUESDAY, OCT. 17.—Lupus.

- „ „ 24.—Syphilitic Lupus.
- „ „ 31.—Second Attacks of Syphilis.
- „ Nov. 7.—On Recovery from Leprosy.
- „ „ 14.—On Recovery from Severe  
Injuries to the Head.
- „ „ 21.—On the Treatment of  
Strangulated Hernia.
- „ „ 28.—On Erysipelas.

At all of these lectures patients were produced illustrating various exceptional forms of disease. On some occasions the number of patients took up the time allotted to the lecture, and as these demonstrations were deemed of primary interest, the arrangement for a special lecture was discontinued. Since November 28 the conferences have been devoted wholly to the cases and specimens of recent disease which have been produced. Unfortunately, no record of the cases in a form suited for publication was preserved earlier than February 13, though reports more or less full appeared from time to time in the journals. On February 13, the plan was commenced of having some notes of the previous Tuesday's conference printed in slip form in time for distribution at the next. On some occasions when it was known beforehand that certain patients would attend, notes of their cases were printed in advance, so as to be ready at the time. As regards a large majority, however, this was impossible, since the patients were brought without any previous notice. About a third of the patients brought forward for demonstration have been from my own practice. For the others I have been indebted to the kindness of those attending the conferences, many of whom have taken much trouble to bring before us rare and important cases. Amongst those to whom I have been especially indebted are Dr. Abraham, Mr. Hichens, Mr. Waren Tay, Dr. Callender, Dr. Hooper May, Dr. Lichten-

berg, Mr. Hopkins, Dr. Eddowes, Dr. Busch, Dr. Palmer, Dr. Stocker, Mr. Kisch, and Dr. Conner.

Dr. Radcliffe Crocker and Dr. Bowles have given their help by the delivery of short lectures, the former on "Adenoma Sebaceum," the latter on "The Influence of Sunlight on the Skin." Dr. Hughlings Jackson and Dr. Crocker have also brought and demonstrated interesting cases on two or three occasions.

Amongst the cases which have been brought before us have been many of the utmost clinical interest and of great rarity. We have, although desiring chiefly exceptional forms of disease, by no means wholly excluded good illustrations of more common maladies, one of our main objects being to afford opportunities for developing skill in diagnosis.

A peculiar, and, I think, a very important feature in our Conferences is that, as they are informal and frequent, opportunities are afforded for recurring to the same topic. Thus, a case of great rarity, or possibly of difficult diagnosis, may be produced and briefly commented upon at one meeting, and at the next additional remarks may be made on it, or portraits or even other patients produced, illustrating allied conditions. Not infrequently the production of one patient stimulates some observer to bring another of like character. In this way we have had before us not one case, but a really important series, and have been enabled to become quite familiar with maladies which, although very rare, are yet very instructive. I may especially mention Rodent Cancer and Crateriform Cancer of the face; Scleroderma; Raynaud's malady; Bazin's malady; Ichthyosis Herpetiformis; Pityriasis Rosea; Eruptions from drugs; Acromegaly; the Growth of Horns in Lupus; Spondylitis Deformans; Lupus-Cancer; Melanoid staining; and Melanotic Sarcoma, as topics which have received copious illustration, and respecting which our knowledge has been definitely advanced.

## RECORDS OF DEMONSTRATIONS OF PATIENTS AT THE CLINICAL MUSEUM.

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Amongst the more important of the cases submitted to demonstration on Tuesday, February 13, 1894, were the following:—

(1) *An Excellent Example of* PITYRIASIS ROSEA (*Gibert's pityriasis*).—This patient, a young married man, had been brought to the Clinic by Mr. Hitchins. He was covered over the trunk and upper parts of arms and thighs by patches which were of irregular forms, and all of them peeling. They were abruptly margined, and showed not the slightest scale-accumulation. They occupied almost the whole surface. No “parent patch” had been observed, the patient believing that they all came out together. Mr. Hutchinson directed attention to the resemblance to a syphilitic eruption, stating, however, that there was no tendency to polymorphism. He also suggested that they might be of the nature of a “vest eruption,” and caused by woollen clothing and profuse perspiration. They had been present a fortnight.

(2) *A case of* CHANCRE OF THE CONJUNCTIVA.—The patient in this instance was a young man sent by Mr. Waren Tay from the Moorfields Ophthalmic Hospital. He was suffering from gonorrhœa, which had commenced about five weeks before. On the outer side of his left cornea there was a swollen and dusky patch of conjunctiva, which bulged over the edge of the cornea. The latter was ulcerated. There was much redness and chemosis, but no discharge. The chemosis was at one part only. There was large gland-mass under the angle of the jaw. The suggestion was that the eye had been infected at the same time that the gonorrhœa was contracted. There were as yet no secondary symptoms.

(3) *A Child the subject of* FAVUS (brought by Mr. Hitchins). The patient, a little Jewess, aged eight, was said to have had ringworm first, but for some years had been the subject of



true favus. Her whole scalp was in a state of favus-pityriasis, there being no cups, but only a thick, scaly accumulation. On one eyebrow, however, there was a favus-cup of recent formation, and in great perfection. Although the child lived with several brothers and sisters, none of them had contracted the disease.

(4) *A Patient showing in a very marked manner the conditions of ACROMEGALY.*—In this instance a gentleman was good enough to attend for demonstration, in whom the hands, feet, and face had been gradually increasing in size for ten years past. His case has already been published in Mr. Hutchinson's "Archives," vol. iv.

(5) *A man who showed a SECONDARY SYPHILITIC ERUPTION LOCATED ON PATCHES OF PITYRIASIS VERSICOLOR.*—The patient had for many years had patches of chloasma on his chest and belly. He had recently become the subject of syphilis, and had applied to Mr. Hutchinson just as a secondary papular eruption was appearing. The extraordinary phenomenon was presented of the brown patches of pityriasis being covered with papules, whilst the rest of the skin was almost wholly free. This was especially conspicuous in a large patch on the front of the abdomen, but it occurred also on the shoulders. Evidently the syphilis preferred the parts already damaged.

(6) *An Infant showing CONGENITAL PAPILLARY STREAKS,* brought by Mr. Hitchins.—In this child, a female, papillæ occurred in streaks and linear groups at the side of anus and on one labium, passing downwards on the back and inner side of thigh and back of calf to the foot. They had been noticed at birth. Mr. Hutchinson remarked on the close similarity of the arrangement to that in several other cases which he had seen. Evidently there was some anatomical reason for the location of a papillary streak in this position. It could not, he thought, be explained by any nerve.

(7) *MORPHŒA IN ASSOCIATION WITH LEUCODERMA.*—The subject of this case, a woman of thirty, brought by Dr. Winslow Hall, showed very unusual conditions. Mr. Hutchinson stated that he had never seen one quite like it. The arms, face, and large portions of the trunk, &c., were almost wholly bleached by leucoderma. Here and there, however, patches and streaks of pigment remained. The upper part of the chest from clavicles to breasts was on both sides hard and brawny. A more or less brawny condition was also present on some parts of the arms and on the backs of the hands. The morphœa changes were of many years' standing, and evidently retrogressive. There were many white ivory patches on the neck and shoulders. A full description of the patient will be published.



(8) PHAGEDENIC DESTRUCTION OF THE PENIS THIRTY YEARS AFTER SYPHILIS.—Sent by Mr. Waren Tay from the London Hospital. This man, now aged fifty, had been treated by Mr. Hutchinson in the London Hospital twenty-six years ago, and had been cured of most extensive Syphilitic Lupus. His nose had been in part destroyed, and his face, arms, and trunk had been left covered with scars. After his cure the man had remained well and kept at his work until quite recently. During the last two months phagedenic ulceration had attacked his penis, had opened the urethra, and destroyed a large part of the corpora cavernosa, leaving the glans pendulous. The original lupoid ulceration had occurred about two years after the primary disease. The man denied any second infection.

#### ADDITIONAL FACTS.

The subject of Case 2 attended a second time a week later in order to show a very plentiful syphilitic eruption.

In Case 5 the syphilitic eruption was subsequently developed over the whole surface. It was only in the earliest stage that it was restricted to the brown patches of pityriasis versicolor.

On Tuesday, February 20, the following cases were demonstrated :—

(1) *A man, the subject of Primary and Secondary Syphilis, in whom INOCULATION FROM HIS OWN CHANCRE appeared to have taken place.*—The primary sore had been present (on the prepuce) three months, and there was now a plentiful papular eruption over the trunk and limbs. The sore was indurated, but attended by considerable secretion. On the inner side of the left thigh, just below where the extremity of the prepuce touched, were three sores, in a line, upon a dusky and somewhat indurated base. Mr. Waren Tay, who had sent the patient, stated that the induration had been more marked a few days ago, and was already diminishing under treatment. It was quite certain that these sores (which were confluent) were no part of the secondary eruption. They were primary, and the alternative was whether they should be considered as resulting from simultaneous inoculation or from infection after the sore on the prepuce had formed. The man's own statement favoured the latter hypothesis, for he had not observed them until some time after the first sore was recognised. Their position was also very suggestive, being exactly where secretion from the penis might have touched. The next question was, should they be regarded as "soft sores," or as true chancres. Their appearance was that of the latter. The precise dates in this case were :—infection three months ago ; sore observed on penis one month later ; those on the thigh two weeks later still ; and the secondary eruption a fortnight after the last.

(2) *CHANCRE OF THE CONJUNCTIVA.*—A man who had attended last week came again, in order that the diagnosis might be substantiated by showing a plentiful papular eruption which had since come out. The sore on the eye was healing, and the swelling less. There could now not be the slightest doubt that the case was one of syphilis, and as the man had a large bubo under his jaw, and no sore elsewhere, there could be equally little doubt that the conjunctival sore was an infecting chancre. It was of interest to note that the man had in the first instance been admitted into an ophthalmic hospital as a

case of ulcer of cornea, where scraping had been practised. It was only when the glands enlarged that the true diagnosis was suspected. It was then found that the man had been in risk of infection, and that he had a gonorrhœa on him.

(3) *A Patient the Subject of LENTIGO-MELANOSIS.*—It was explained that under this term was meant a condition of melanotic staining of the eyelids, which had developed from freckles. The patient was a lady of sixty-two, whose portrait has already been given in "Archives." The condition had been in progress for almost six years. Gradually from the coalescence of freckles and serpiginous spreading of the patch, the whole of the upper and lower lids had become involved in a coal-black stain. The conjunctiva had also become involved, and the lower half of the eyeball was of a deep bistre tint, as also the corresponding part of the arcus. About six months ago an ulcerated malignant growth had been excised from the edge of the lid. This growth was not black, and was proved by the microscope to have a sarcomatous structure. Mr. Hutchinson stated that he had seen at least six examples of this curious malady, and that in three a malignant growth had resulted some years after the melanoid staining. The latter, in itself, showed no tendency either to ulcerate or to form a thick growth. The disease was quite distinct from the ordinary forms of melanotic sarcoma. It afforded a most interesting example of a physiological process which assumed, first, infective powers; and, lastly, tended to malignancy.

(4) *A large ossified TUMOUR OF THE FEMUR in association with BRITTLE BONES and CONGENITAL DISLOCATION OF THE RADIUS at the elbows.*—This was a case of extreme interest. It had been brought from Reading by Mr. Hastings Gilford, of that place. The patient was a woman of thirty. From birth she had presented peculiarities at the elbows. The head of the radius in each rested above the condyle (dislocation forwards), and was just under the skin. The olecranon was in normal relations with the humerus, but the shaft of the ulna, a little above it, presented a deep hollow as if bent. The rest of the forearm, wrist, and hand were well formed but short. At the age of one the patient fell and broke the left femur, and during the next few years one rib and both humeri were broken in falls. At the age of twelve a very large softish swelling formed about the left femur, with much pain. She was then an in-patient at St. Bartholomew's, and amputation was strongly and very properly advised. The parents, however, refused, and took her home, and after a year from the beginning the tumour ceased to grow, and became hard. At the present time the tumour involves the whole shaft of the femur, and increases the thigh to three times its normal girth. Sir James

Paget, who had examined the patient before the demonstration, concurred in the opinion that it was probably an ossified enchondroma. Both tibiæ were much bent, one as the result of fracture united with overlapping. The problem was to find any bond of connection between the congenital dislocations, the childhood-fractures, and the tumour.

(5) *A Case of Severe BROMIDE ERUPTION in an Infant.*—The child was fourteen months old. Doses of bromide from two to six grains had been given every four hours for three weeks. The eruption consisted of thick tuberosus papules, which had formed on the face and limbs. There were none on the trunk. Those on the legs were ulcerated, and covered with thick pus-crusts. The surgeon who brought the patient stated that since leaving off the drug the eruption had still increased. This, however, was only for a few days. The skin between the tubers was, as usual, quite healthy. Some portraits, showing precisely similar conditions, were shown. In reference to the fact that the eruption had not been immediately arrested by leaving off the drug, Mr. Hutchinson remarked that a certain time must be allowed for elimination. In certain cases, however, if the drug had been used for some time, the process of morbid growth was not stopped by removal of the exciting cause, but went on to a fatal termination. In illustration of this, there were, he said, several portraits in the Museum. It was chiefly the iodides, however, which produced these fatal cases; the bromides were seldom or never actually lethal.

(6) *A Patient in whom a most severe form of PSORIASIS had been almost cured by THYROID FEEDING.*—This patient had attended a month ago to show a most severe form of Psoriasis. He was then covered over trunk and limbs by psoriasis crusts so closely placed that they, although not of large size, were almost confluent. He had been entirely disabled from all employment. Much treatment had been tried, but no permanent benefit obtained. He now came to show the very remarkable results of thyroid feeding. His trunk was almost clear, and the skin soft. On his limbs some scaly patches still persisted, but they were all fading. The result of the treatment as a whole was wonderfully good. The treatment had been by a tabloid of extract three times a day. It had been carried out by Mr. Waren Tay at the London Hospital, by whom the patient had been sent.

(7) *A Man, aged 37, in whom a RODENT ULCER had been present six years.*—The chief interest of this case consisted in the fact that the disease did not look at all formidable. It consisted of patch the size of a half-crown on the cheek just above the whisker. It had been called "Lupus" by most who had



seen it. Attention was directed to its rolled, sinuous edge, characteristic of rodent cancer.

[Three very similar cases in comparatively young subjects have been produced for demonstration at the Museum during the last two months. In all the same region was affected.]

(8) *A Patient the subject of* GENERAL PRURIGINOUS DERMATITIS.—This case had been diagnosed as “pruriginous lichen,” and as “dermatitis herpetiformis.” The patient was a man of nineteen, who had been sent from the London Hospital by Mr. J. Hutchinson, jun. He was covered on the trunk and limbs by a papular and slightly scaly eruption, so abundant as to almost cover the whole surface. There were no vesicles, and no moist eczema. It had resisted all treatment, and been present more than two years. It had been worse in winter. Its beginning had been papules on the shoulders. There was a statement that vesicles had been present, but none had been demonstrated. Mr. Hutchinson stated that it was a type of dermatitis which he knew well, but could not name. It was, in his experience, usually incurable. He did not think that it had any close alliance with dermatitis herpetiformis. He suggested a trial of thyroid feeding.



Amongst the patients demonstrated on Tuesday, February 27, were the following:—

(1) *A Patient illustrating the spontaneous disappearance of Keloid.*—A portrait of this girl's arm is in the Museum. It was taken five years ago when she was ten years old, and shows four, bossy, florid lumps of keloid, which had resulted from vaccination. The lumps were at least a quarter of an inch thick, and showed all the peculiarities of the disease. They were formerly very irritable. The contrast between the portrait and the present condition is very marked. Three of the four nodules are now white scars, and not in the least thickened. The fourth is still a little thickened, but it is much reduced, and is in process of disappearance.

*Remarks.*—This absorption of cicatricial keloid is according to rule. It is especially rapid in young subjects. The younger the patient the sooner may a keloid lump be expected to disappear.

(2) *A Patient with PERFORATION OF THE NASAL SEPTUM and NECROSIS OF ALVEOLUS, but no history of SYPHILIS.*—In this remarkable case the patient, a healthy-looking man, has a hole through his septum which would admit a finger. He has also an ulcer under his upper lip, which exposes the alveolus in a rotten and necrotic condition; yet he has never had syphilis. His clear denial on this point is fully confirmed by other conditions. On different parts of his head and limbs there are numerous scars, some of them resulting from abscesses in the cellular tissue, but many from periostitis. These all bear the characters of necrotic struma, and not of syphilis. Thus several of his digits are shortened by the loss of some of their phalanges, the parts being now soundly healed. One lower eyelid is tucked in by adhesion of the scar to the bone after necrosis. The ailments began at the age of fifteen, and the patient is now thirty. Abscesses formed first in one position and then in another. There is a strong history of tuberculous affections in the family of the patient's mother.

*Remarks.*—This case forms a good supplement to that of a child sent a month ago by Mr. Hopkins from the Cleveland-street Asylum. In the child the disease was still in progress,

of which, in the present case, we have the final results. Both cases illustrate the infective properties of the products of inflammation, and the laws under which tissues of the same kind become selected. As regards perforation of the septum, it has been long ago proved that it is very often strumous and not syphilitic. It is not improbable, however, that this is the first instance in which it has been seen in association with necrosis of alveolus, and yet without specific antecedents.

(3) *A boy; the subject of a very slight form of* PAPILLARY ICHTHYOSIS.—The boy was about fourteen, and one of three, the others being free from disease. Along the inner aspects of both arms from near the armpit to near the wrists, there were broad patches of dirt-stained papillæ. The latter were so low, that had it not been that they were blackened, they would scarcely have been noticed. Yet they were quite definite and quite symmetrical. The rest of the skin appeared almost healthy. A condition of cacotrophia folliculorum was present in the backs of the upper arms. There was a history that the boy's father had suffered from a "scaly eruption." The boy said that his skin was dry and that he did not sweat excepting on the face.

(4) *A man, the subject of* INVETERATE PRURIGO.—The patient was a stout man, aged fifty-five, the subject of gout. He had suffered from prurigo since the age of thirty. For long he had been able to get rid of it at times and in certain seasons, but for several years it had persisted continuously. The skin of the trunk and limbs was covered with low papules and little indefinite scars. Many of the papules showed dried blood crusts. The man said that he spent half the night in scratching. He added that sometimes little watery blisters formed deep in the skin, and he was obliged to scratch until he let the water out, when the spot ceased to itch. The skin was everywhere somewhat thickened.

*Remarks.*—A typical case of incurable prurigo. It differed only from the prurigo of Hebra in that, instead of having begun in childhood, it had not attacked the patient till the age of thirty. Probably some local cause had then been present, pediculi or scabies, and continuous scratching had done the rest. It is impossible to cure scratchers. The treatment should be mainly local, and should consist in the application of strong solutions of tar and weak mercurial ointments. The patient ought never to eat fish; arsenic would do no good, but antimony might suit. The so-called "prurigo buboes" were not present, which was of good augury as regards the maintenance of the patient's health.

(5) CHRONIC LICHEN, *in groups with much* PIGMENTATION.—This patient, a thin but healthy man of about 45, had attended

the demonstrations once before. He was a patient of Mr. Barrett's at St. John's Hospital. He had suffered from his eruption for about four months. It had much improved since his last attendance a month ago. The eruption consisted of large ill-defined groups of lichen spots. These spots were hard and rough, producing the well known "nutmeg-grater" condition. They obviously involved the orifices of hair follicles. Almost all parts of the trunk and limbs were involved, and the patches in many parts were confluent. There was, however, a definite tendency to grouping. The largest papules occurred in the neck and legs. Where the papules had disappeared the skin was left deeply pigmented.

*Remarks.*—It is difficult to give the disease any definite name. The term lichen pilaris does not carry with it any recognition of the clinical peculiarities, since it designates only an anatomical condition essential to most forms of "lichen." It was probably a very close ally of lichen planus.

On Tuesday, March 20, the following were the more interesting of the cases inspected:—

(1) *A very characteristic case of* OSTEITIS DEFORMANS.—This patient had been sent by Dr. Pollard from the Fulham Sick Asylum. The patient was about fifty years of age, and his stature had been greatly reduced by the bending of his bones. He was, as usual, bandy-legged and round-shouldered. His tibiae were much bent and thickened, as were also his femurs. He attributed his disease, which had been in progress six years, to an injury to the leg from a piece of stone. *Remarks*:—Osteitis deformans is often referred to some slight injury to one tibia. It may be plausibly conjectured that it is due to a chronic infective osteitis, initiated by traumatism. The infective material spreads from bone to bone, producing in all similar growth. It may be contrasted with the “necrosial fever” of Simon, the one occurring in youth, and with tendency to suppuration, the other in senile periods, with a tendency to chronic thickening. A certain alliance with cancer must also not be overlooked.

(2) SENILE LUPUS of the FINGER of three years' duration in an old man between 70 and 80.—He attributed it to having scratched his finger with a scrubbing-brush. There were hard papillary growths. The whole of one finger was involved. *Remarks*.—Lupus, which is common in early life, is met with again in senile periods—“Senile Scrofula of Paget.” We are not to suppose that in Lupus necrogenicus there is necessarily any implantation of the tubercle bacillus. Lupus of the hands and feet always differs considerably from the same disease on other parts, being much more prone to inflammatory complications.

(3) *An infant aged three months with* PARTIAL PARALYSIS OF ONE ARM *from injury during* BIRTH.—The child held its arm in a straight position with its wrist flexed. The muscles of the upper arm were much wasted, as also the extensors of the forearm. The whole limb was much thinner than that of the opposite side. It was difficult to be precise as to the conditions of the different muscles, but the conjecture seemed pro-



bable that the musculo-spiral nerve had been injured. There was no proof of fracture of the clavicle, but there was a statement that the surgeon who attended the labour had put the arm up in splints. It is therefore possible that there may have been fracture of one of the long bones. (Mr. Scott.)

(4) *An old man with a very superficial patch of SYPHILITIC LUPUS on his back.*—The patient was aged seventy-two, and otherwise in good health. The interest of the case was in the patch being very superficial, and in its having been spreading very slowly for three years. It was as large as two hands outspread, on the middle of the back; its edge was slightly raised and scaly. In the middle, where the disease had ceased, although no very visible scar could be asserted, it was indurated and harsh as compared with healthy skin.

(5) *FRACTURES near to BOTH ELBOW joints producing UNUSUAL DEFORMITIES.*—The subject of this case was a lad from Brussels, æt. fifteen. The two elbows were very much alike. In both the head of the radius was very much increased in size, so as to be easily visible through the soft parts, and looking as if dislocated forwards. There was, however, no dislocation. In the right arm the olecranon and upper part of ulna had been displaced inwards; apparently there had been fracture of the shaft. This displacement was less marked in the other elbow. It was said that the fractures had resulted from very slight injuries, and that they had been referred to "brittle bones." The lad had never had fractures of any of his long bones, and the conditions of his elbows and the fact that they were almost exactly alike rendered the case one of much interest and rarity. The malformations entailed exceedingly little disability.

(6) *"A Case of LUPUS ERYTHEMATOSUS" occurring at an early age and simulating Erysipelas:*—This patient had been brought by Mr. Hitchens. The Lupus had commenced at the age of twenty, and had at first much resembled erysipelas. It had begun as symmetrical patches on the cheeks with very considerable œdematous swelling, and had been called "Erysipelas." When Mr. Hitchens first saw the case six months later, the patches still pitted on pressure. They had now been present more than a year; the whole of the patient's cheeks were involved in plum-coloured erythema, which had tolerably abrupt edges, and which extended to the border of the lower jaw. There was no scarring and very little roughness on these patches. Quite recently some patches which conformed much more closely to the characters of Lupus Erythematosus had appeared on the nose, on the eyebrow, and on the forehead. The only history of tuberculosis in this case was that the patient's grandmother had died of phthisis.



*Remarks.*—Lupus Erythematosus takes its peculiarities from those of the individual it attacks; in the present instance the patient is stout, with fat, flabby hands, and large, puffy cheeks, showing excess of cellular tissue. Before the Lupus attacked her she had no doubt large circumscribed “flush-patches”; her hands are now livid, and mottled with plaice-spots. Hence the peculiarities which the disease has assumed.

(7) *Cancer of the tongue in possibly PRECANCEROUS STAGE.*—A man aged fifty-six sent by Mr. Hopkins from the Cleveland-street Asylum. No syphilis. The sore had been caused by a broken tooth, but had persisted two months after its extraction. It showed only indefinite characters, and was not larger than a horse bean, but had a hard base. *Remarks.*—It is most important to cut out all such indurations, since they may precede cancer. The beginnings of the latter are often very insidious.

(8) *A case of PUSTULAR SYCOSIS.*—This case, in an adult man, illustrated the laws of contagion. Some remarks were made as to treatment.

(9) *An infant with large TUMOUR ON SKULL.*—This infant, thirteen months, had been brought by Mr. Scott. It showed no signs of inherited syphilis; but on its left forehead was a large diffuse swelling which could not be distinguished from a node. There were large veins on the forehead. Convulsions had occurred. The diagnosis was left in doubt between new growth and periostitis. Iodides were advised.

(10) *An example of CHRONIC PELLICULAR STOMATITIS.*—A young woman of twenty-one. The pellicular condition involved the gum, hard palate and lining of lips and cheeks. It had been present nearly a year. Thick pellicles, consisting of squamous epithelium scales, could be peeled off. The disease had as yet resisted all treatment.

(11) *SEVERE INJURY TO TENDONS AND NERVES IN THE FORE-ARM.* (Mr. Scott).—In this case a woman had received ten years ago a very severe injury from glass to her forearm. The ulnar nerve had been divided, and the median probably injured. No recovery, as regarded the ulnar, had resulted, and the case still showed the results of its complete paralysis. The little and ring fingers were glossy, hairless, and contracted, and the small muscles of the hand supplied by that nerve were wasted.

(12) *LUPUS ERYTHEMATOSUS.* (Mr. Hitchens).—In this case a woman, aged 31, had only two small patches, one on the nose and the other on the right cheek. Her case afforded an interesting contrast with that of No. 6; illustrating the remarkable differences which this disease assumes in different individuals. Although there were but few facts as regards

the history of inheritance, the patient was herself probably the subject of chronic phthisis. She had often spat blood, and had repeatedly been an out-patient at the Brompton Hospital. *Remarks.*—Lupus Erythematosus is, in my experience, much more closely associated with tuberculosis, either in the patient or in near relatives, than is lupus vulgaris. The latter appears to be connected with what may be called Scrophulosis, and is common in young persons. The former is very rare under adult age, and is but seldom associated with anything that can be called Scrofula. There is often, however, a very strong family history of tuberculosis.

(13) *Extensive DESTRUCTION OF CELLULAR TISSUE in Tertiary SYPHILIS.* (Mr. Hopkins).—This case illustrated a not very common form of disease in which an infective inflammation of the cellular tissue occurs in tertiary syphilis, and may lead to great crippling of the limbs affected. One of the best illustrations of it is given in "Heuss's Atlas," and may be seen in the College of Surgeons' Museum. In the patient now produced, the cellular tissue over the left shoulder and upper part of arm has been extensively destroyed. Even the deltoid muscle would appear to have been involved. The acromial end of the clavicle has been liberated from its attachments, and projects under the scar. The scar is adherent to the humerus, clavicle, and scapula. Yet there is no evidence of there having been any disease of these bones. The shoulder joint is made quite stiff by the cicatrices around it. A similar condition, though of less extensive disease, is present about the right elbow, and another considerable scar adherent to bone is present over the left temple. The exact date of the primary disease is not known. *Remarks.*—Inflammations occurring in connection with syphilis in the tertiary stage are often restricted to the tissue in which they originate. Thus we may have a periostitis with many bones affected, a lupus with many patches of skin, or, as in the present instance, the gummatous affection of cellular tissue. The law of distribution seems to be in these, and in many other forms of inflammation, that the tissue first affected has the power of infecting by preference tissues of the same kind as itself.

The following were the principal cases which attended for demonstration on Tuesday, April 3:—

(1) *LUPUS VULGARIS in numerous patches scattered over the face and limbs.*—The subject of the case was a fine healthy-looking lad of sixteen. He had upwards of twenty separate patches of common lupus in the exfoliative condition. In addition to these he had many sound, supple, white scars which had been produced by treatment. The disease had begun eight years ago by a crop of what his mother described as “blind boils after measles.” He was one of ten children, and his parents and all their offspring were in good health.

*Remarks.*—(1) When Lupus Vulgaris is multiple, you may be sure that the multiplicity was attained at the very onset. After it is once well established, excepting satellites, no new patches are produced. There is a short period of liability to general infection at the onset, and then the disease settles into a quiet course, the patches spreading at their edges, but no new ones being produced. (2) The subjects of lupus vulgaris are often in good health. There is no risk that it will infect the viscera with tuberculosis. (3) The subjects of lupus vulgaris are not unfrequently of healthy families. (4) The treatment should be by the destruction of the growing tissue. In the present the numerous healthy scars prove conclusively that local measures were sufficient, and all that is needed is perseverance.

(2) *A Case of CHANCRE OF THE TONSIL.*—The patient, a lad of twenty, admitted sexual exposure to risk, but he had never had any sore on his genitals, and his first ailment was an ulcer in the throat. He was now covered with a dusky papular rash. There were several large hard glands in the left side of his neck, and none on the right. The affected tonsil was much enlarged and somewhat indurated. Its fellow showed no sore.

*Remarks.*—The diagnosis of chancre of the tonsil is usually attended by some elements of doubt, since the sore may be a secondary one. If it be a chancre it ought to be on one side



only with a glandular bubo on one side only of the neck, and there ought to be a clear history of its having preceded by some weeks the eruption on the skin. The absence of a sore on the genitals goes for very little, since not unfrequently the chancre is never found. The present case fulfils the conditions suggested.

(3) *ICHTHYOSIS with PAPILLARY GROWTHS and tendency to the production of HORNS* (Mr. J. Hutchinson, jun.).—The child, a boy of two, showed very large patches of papillary ichthyosis, rough, spinous, and black. The peculiarity of the case was that the patches, although so large as to almost involve the whole surface, were yet abruptly margined. His face, chest, and abdomen were almost free, but the skin even here was harsh and dry. In the palms of the hands and on the borders of the ears were many little horns. Nothing was known as to the child's family history. The condition was, of course, congenital. Many portraits were shown illustrating various forms of ichthyosis, but none exactly like the child, since in the latter the lesions of the skin were symmetrical, yet not universal, and showed no tendency to the common arrangement in streaks. Both nipples were involved in papillary growths, and the scrotum and penis were covered. No definite deviation from bilateral symmetry could be discovered. Treatment by shaving was recommended, and it was particularly urged that no horns should be allowed to grow. In enforcement of the latter point, some drawings showing enormous developments, the result of neglect, were exhibited.

(4) *RAYNAUD'S MALADY with definite tendency to diffuse SCLERODERMA (Morphœa) of face and hands*.—The history of this patient is recorded in "Archives," Vol. IV., page 177. An interval of more than two years had passed since the beginning of the malady, and eighteen months since the first notes. Mr. Hutchinson stated that he was indebted to Mr. Clarke, of Upper Clapton, for the opportunity of observing the patient. The case was one of very great interest, as a connecting link between morphœa and Raynaud's phenomena. There could be no doubt that the fingers, hands, and face were hide-bound. The face was stiff and drawn, and showed some stigmata, and the fingers were wooden and thin. These conditions were, however, less developed than in many cases. The ends of most of the digits had been lost by gangrene, and one forefinger was at present time in a state of sphacelus. The disease had set in rather suddenly in a previously healthy woman (aged thirty-two), and in consequence, apparently, of severe sorrow. Very great benefit had resulted from the continued use of small doses of opium. The extreme susceptibility to changes of temperature, with great pain in the digits, had

quite ceased, and the patient had regained her health. The scleriosis changes had, however, not ceased.

(5) *An example of the recurring form of SPINDLE-CELLED SARCOMA OF THE SKIN ON THE THIGH* (Dr. Hooper May).—The patient, a gardener, aged thirty-six, had recognised the growth for nine years, and attributed it to a blow from a cricket ball. It was placed on the inner part of the left thigh, and consisted of a congeries of bossy, smooth lumps, some of which were slightly constricted at their base. As no operation had ever been performed, there was in this instance no proof of tendency to recurrence. Mr. Hutchinson, however, remarked that it was a kind of growth which always showed the most inveterate tendency to return, and he believed that the best practice was to let it alone. It would slowly spread, and probably in the end show malignant tendencies; but its growth would be much slower than if excised. Several cases illustrating these statements were narrated. In this instance, although the area involved was as large as an outspread hand, yet it caused the patient but little trouble. In reply to a question, it was stated that the lumps, although bossy and smooth, had nothing to do with Keloid; and that, although sometimes attributed to a bruise, the growth never developed in a scar. It was one of the most peculiar forms of primary sarcoma of the skin, and all examples of it were much alike.

(6) *CRATERIFORM MALIGNANT GROWTH on the lower eyelid* (Mr. J. Hutchinson, jun.).—This case was that of an old man of sixty-four. On his left lower eyelid a bossy lump, as big as the half of a small walnut, had developed in six months. It was firm, but not very hard, and as yet had not ulcerated. It was loosely adherent to the periosteum. It was not in the least like the ordinary forms of rodent ulcer so common in this part, and, as was pointed out, it had grown far more quickly than they usually do. Although no crater had as yet formed, yet the growth was probably of that character. A number of illustrations of the "Crateriform Ulcer" were produced for comparison. Although this peculiar form of growth is undoubtedly epithelial cancer, yet it seems to have little or no tendency to return after excision, and, as a rule, does not implicate the lymphatic glands.

(7) *SHORT, BROAD FINGERS AND TOES IN A BOY* (Dr. Stocker).—This boy had very peculiar digits of both hands and feet. They were so broad as to much resemble those of Acromegaly. But they were short also, and the condition was congenital. The hands were dusky, from feeble circulation. The boy said that his school nickname was "Froggy," and the appearance presented by his short thumbs was really very suggestive of a frog's foot.



*Remarks.*—It is important to distinguish cases like this from true Acromegaly. Probably the condition is a matter of inheritance.

(8) BRACHIOPLEGIA (?) *in an Infant, with stiffness at the shoulder* (Dr. Stocker).—In this case the child had been delivered by a midwife, after a difficult labour. Although now three months old it had never used its left arm. The arm appeared to be stiff at the shoulder joint, though not ankylosed. There did not appear to be the slightest pain. Although somewhat wasted there were no defects of nutrition or circulation in the limb, and the child could grasp with the fingers. The age of the child prevented any attempt to estimate sensation. It was certain that the muscles, although small, were not wholly atrophied. Mr. Hutchinson stated that the diagnosis lay between injury to the upper part of the humerus and brachiopegia from rupture of nerve roots. He was rather inclined to the former. It was clear that some injury had occurred during delivery. The child was in perfect health.

**PIGMENT SPOTS on THE LIPS in Twins** (Dr. Conner).—Two girls, twins, were the subjects of a singular form of punctate pigmentation on the lips. The conditions were exactly alike in each. They were brunettes. The lips were speckled over with ink-black spots, varying in size from a pin's head to a small pea. Inside the lips there were also many pigment patches of a somewhat larger size and of a browner tint. These spots had made their appearance at the same time in both girls, and were believed to be increasing both in number and size. No failure of health had attended their development. One of the girls looked pale and sallow, but the other was more florid. Neither of them was freckled on the upper part of the face to any material extent.

*Remarks.*—The cases are of extreme interest, both on account of their great rarity, and as illustrating tendency to precisely similar conditions in twins. Nothing definite can be said as to the nature of the changes. Apparently they are scarcely pathological. Yet the evidence is definite that they were not congenital. We must suppose, however, that some congenital peculiarity of structure existed which has made the development of these spots possible.

**HYPOSPADIAS in different degrees in Two Brothers** (Dr. Strothers).—In one of the brothers the urethra opened a little below where the frænum, had it been present, would have had its base. The frænum was wholly absent, the prepuce cleft below and hanging as a loose hood over the glans. In the younger brother the urethra passed to the end of the glans without any defect, but there was no trace of frænum, and the prepuce was cleft where the latter should have been.

*Remarks.*—It is of much interest to observe in two brothers, without any history of inheritance, a tendency to the same defect in development. In the younger brother the defect is so slight that it might almost be overlooked, whilst in the elder the ordinary form of hypospadias is complete. Thus the failure of closure in the middle line is different in degree, though the same in character. Such cases help us to understand other forms of family peculiarities in structure. As

regards treatment nothing is to be recommended. To attempt to complete the urethra in hypospadias is usually a disappointment to the operator, and if successful it confers no advantage on the patient. If the orifice of the urethra be sufficiently large that is all that is necessary.

DUCHENNE'S PARALYSIS *in an Advanced Stage in a Boy* (Dr. Stocker).—A lad of thirteen, of excellent intelligence, but quite unable to stand or walk. The pseudo-hypertrophic condition was present only in his calves and one buttock. All the other muscles were more or less wasted. A full, ruddy face contrasted strongly with the wasted body and limbs when the lad was stripped. The disease had been in progress from early childhood, and one of the patient's younger brothers was affected in less degree.

*Remarks.*—The term pseudo-hypertrophic paralysis and several others which have been devised for this malady are inconvenient and misleading, since they attempt to recognise features not invariably present. It is only in a minority of cases that the affected muscles take on the fatty hypertrophy. In most, as in the patient, the majority of the muscles undergo atrophy, and shrink. It is better to name the disease after its discoverer, and thus, by referring back to his description, avoid all risk of erroneous suggestion. The disease is essentially one of congenital defect in muscle endowment, and is to be placed in the same category as Kaposi's disease and Retinitis pigmentosa, in which the skin and the retina respectively are feebly organised and unable to bear the ordinary uses of life. In none of these is there anything obviously wrong at the time of the child's birth, and in all of them it is frequently seen that several children in the same family suffer on reaching the same age, and after having been exposed to the same influences. In Duchenne's paralysis the defect in physical endowment, or power of repair after use, concerns the muscles, and those muscles suffer first which are first used with vigour. The child's lower limbs fail when he begins to walk, and the muscles of the trunk and upper limbs at a later period. Pathological examinations have made it almost certain that no primary disease of the cord precedes the muscular atrophy. Like some other family diseases, Duchenne's paralysis shows a strong preference for one sex (the male).

PERFORATING ULCER OF THE SEPTUM NASI *with LUPUS ON THE NOSE* (Dr. Hogarth Clay).—Mrs. J., a florid woman, giving her age as fifty-two, but looking thirty-five, has a large perforation of the nasal septum. A thumb might easily be passed through it. It begins just above the columna, and passes backwards to the bony edge of the vomer. There is no falling

in of the nose. The edge of the ulcer is healed at its anterior parts, but still swollen and open posteriorly. We are told that it has been in progress for twenty years, and has caused very little inconvenience. More recently—that is, within the last eight years—lupus vulgaris has attacked the tip of the nose, and an ulcer with very irregular edges is there present. Mrs. J. has dusky cold hands and a very feeble circulation, although florid and healthy-looking in the face. There is gout in her family, and also a strong tuberculous tendency, for she has lost three sisters and a brother in “consumption.” There is not the slightest reason to suspect syphilis. Mrs. J. has been married only one year.

*Remarks.*—This is the third or fourth case which we have produced at these Demonstrations to illustrate the strumous nature of the perforating ulcer of the septum. In a man who was here two months ago the destruction of the septum was quite as extensive as in the present instance. These cases used formerly to be regarded as syphilitic, but we now know how to make the diagnosis. Syphilis would destroy as much in a month as these do in five years. In these strumous cases no necrosis of the vomer takes place, whereas it is almost constant in syphilitic cases. I have seen many examples of these perforations in association with Lupus in some part of the skin, and regard the ulcers themselves as a form of Lupus. If we accept this latter proposition, we must also admit not a few of the cases as examples of Lupus affecting a mucous surface in the first instance. Such is, indeed, the history in the present case. The disease of the septum began twelve years before the Lupus of the nose.

MUSCLE-GUMMA OF THE HEART.—*Sudden Death after repeated attacks of severe pain in the chest.*—Many years ago I was consulted in the case of one of the children of the patient whose heart is now before us, and I then diagnosed congenital syphilis. The disease in the father dates back nearly twenty years, and although I have several times seen him for eczema I have never recognised in him any evidences of specific disease. He has enjoyed good health of late, and worked very hard. On Wednesday, March 21, he consulted his surgeon for a pain across the chest, which passed down his left arm to the wrist. Careful auscultation discovered nothing. He went to the seaside for an Easter holiday, and during the journey had an attack of most severe pain. A physician who saw him had to inject morphia three times during the following night. An emetic was also given, since in spite of the pain a full meal had been eaten. On Tuesday, 27th, the patient returned from the sea. He looked ill, and said that he had never in his life before experienced such severe pain, but he insisted



on going to his office. He returned in the evening still looking ill. Whilst sitting in his armchair reading he suddenly appeared to faint, and died. From first to last his pulse had revealed nothing, although he had been carefully examined. The *post-mortem* showed a portion of the muscular substance of the left ventricle of dull yellow colour, and all traces of fibres lost. The edges of this patch merged gradually in the healthy structure around. The area involved was as large as a crown piece. Over this there was recent lymph, but no general pericarditis. The endocardium was healthy; no disease of other viscera. The microscope (Dr. Sydney Phillips) confirmed the diagnosis of gummatous infiltration of the ventricular wall, through a much larger extent than that seen to be affected by the naked eye.

*Remarks.*—The case is of much interest both in reference to the symptoms displayed and the rarity of the lesion. The term *angina* had never been applied during life, for the attacks were of pain only, there being no disturbance of either circulation or breathing. No diagnosis had indeed been arrived at. The attacks of pain, beginning in the chest and extending down one or both arms, had been most severe. They had not, however, caused real alarm even to the patient. The final failure of the heart was sudden and unexpected. Gummatous infiltration of muscle when it occurs is usually met with, as in this case, in a late stage of syphilis, and as an isolated and insidious affection. Its diagnosis is often missed, and not unfrequently so complete has been the absence of obvious indications of syphilitic taint that the swelling has been mistaken for a new growth. Such infiltrations often develop rather rapidly. They are met with in the tongue, in the masseter, or indeed in any of the muscles. They are fortunately very rare in the heart.

*A case of DUCHENNE'S PARALYSIS, with history of repeated and severe EPILEPTIC ATTACKS* (Mr. Scott).—The subject of this case was a boy of twelve. He was so far paralysed that he could not stand, and had but very impaired use of his upper extremities. He was much emaciated, but certain muscles—those of his buttocks, the right deltoid, and the *infraspinatus*—on both sides were somewhat hypertrophied. There was a history of repeated and very severe epileptic attacks with much asphyxia two years and a half ago. It was considered that the paralysis dated from these attacks, and it was certain that the boy had had a long illness after them. He admitted, however, that he had never, as long as he could remember, been able to walk fast, or to play with other boys. Dr. Hughlings Jackson and Dr. Taylor, both of whom examined the boy, said that they could not accept the epileptic attacks



as being really part of the disease. The boy seemed to have fair intelligence, but his face was thought to be wanting in expression.

*A case of INCOMPLETE SYMMETRICAL PARALYSIS OF SOME OF THE FACE MUSCLES.*—This case was brought forward by Dr. Hughlings Jackson, who described it. The patient was a young woman apparently in good health, who had suffered from diphtheria eighteen months ago. The muscles affected were the orbicular muscles of the eyelids and that of the mouth. The patient could not shut either eyes or mouth with any degree of force. The other muscles of the face were sound. Dr. Jackson stated that the different muscles had been carefully tested by electricity by Dr. Taylor. He also explained that although, as well known, the trunk of the portio dura supplied the muscles affected, it did not follow that all the nerve fibres came from the nucleus of that nerve. We had to learn that special nerve trunks often received accessory supplies from other sources. Thus neurologists had conjectured that the orbicularis oculi got some of its motor supply from the third, and the orbicularis oris from the hypoglossal. The present case gave support to such supposition, since it proved that these muscles might be affected independently of others known to be supplied by the seventh.

*A specimen of ACUTE YELLOW ATROPHY OF THE LIVER occurring during SECONDARY SYPHILIS (Dr. Sydney Phillips).*—This specimen had been removed from a young girl who had died in the Lock Hospital. She had been admitted with a chancre and a syphilitic eruption. She became jaundiced, and it was ascertained by Dr. Phillips that her liver was shrinking. Her death occurred a few weeks after her admission, and within three months of the infection. The liver was a good specimen of yellow atrophy.

*Remarks.*—Mr. Hutchinson remarked that many cases were on record in which jaundice had ended in death during the secondary stage of syphilis. Death was usually by coma, and yellow atrophy of the liver was usually the lesion found after death. He did not think that the disease had anything to do with the mercurial treatment of the disease, though it was necessary to remember that the patients were usually more or less under the influence of the drug.

*LENTIGO-MELANOSIS of ten years' standing with recent development of MELANOTIC SARCOMA (Mr. Albert Kisch).*—The subject of this case is a woman of sixty-five. Ten years ago she noticed a brown spot (a senile freckle) near the middle of right cheek. It slowly spread until a stain as large as a florin resulted. The present condition is a thickened coal-black

patch, at the margins of which are still seen brown freckles. The distinction as regards colour and thickness between the middle of the patch and the borders is most marked.

*Remarks.*—I have little doubt that the disease is now melanotic sarcoma. Its colour, and especially its thickness (a quarter of an inch or more), make this diagnosis almost certain. It is not probable, however, that sarcoma would have remained quiet so many years, and the patient's history supports the supposition that a marked change has taken place during the last six months. The brown staining of the skin at the edges of the diseased area is, like that of Lentigo-Melanosis both in colour and in the entire absence of perceptible thickening. It seems, therefore, highly probable that a condition of infective senile freckles preceded by some years the development of sarcoma. As regards treatment, excision of the whole in the freest possible manner is now indicated. [Several portraits were exhibited illustrating similar conditions.]

*EPITHELIAL CANCER in the SCAR OF LUPUS, with two HORNY GROWTHS in the other side of the face* (Mr. Hitchens).—A man, aged fifty-six, who has been the subject of Lupus Vulgaris of the face for thirty-six years. The whole of his face is one scar in the exfoliative condition so common after lupus. Recently the left side of his face has taken on cancerous growth, and it now shows large fungating masses of epithelial structure. Almost the whole of one side of the face is occupied by the cancer, which is evidently growing rapidly. On the other side of the face (on the scar) are two projections nearly an inch in height, which at first glance might be taken for rupia-crusts. They are, however, not conical, but truncated at their summits, and they are very hard and firmly adherent. They are, in fact, horns. The man's impression is that the ulceration which has become cancerous began in front of his ear three years ago. One of the horns has been present four and the other five years.

*Remarks.*—We have in this case a good instance in proof of the value of our Demonstrations. Six weeks ago I showed you an example of a large horn on a patch of lupus scar, the first, I believe, ever recorded. Now we have a second, and in this instance there are two separate horns. These horns are quite distinct from the cancerous growth, but it is to be feared that these result from processes of growth not wholly dissimilar, and may tend to the same ending. There is much thickening of tissue and papillary outgrowth at the root of the horns. As regards the cancer, it has long been known that lupus-patients when past middle life are liable to have cancer develop in the scar. Half a dozen examples of it have been

adduced during the last six months at our Demonstrations. Usually the cancer develops very rapidly, and with great proneness to fungate. In most of the cases which I have seen death has been brought about within eighteen months of the date at which the sore assumed a cancerous character. In this instance, therefore, the period is longer than usual. The conditions, however, a florid fungating growth, are the usual ones.

**PRIMARY LUPUS OF THE MOUTH AND THROAT** (Dr. H. Arthur Sansom).—In this case the patient is a healthy-looking, florid girl of nine. Her gums, palate, and throat are extensively affected by lupus. The epiglottis has been destroyed, and one vocal cord is eroded. The remarkable feature in the case is that the mouth has been affected primarily, there being no lupus of the skin anywhere. The history is that the disease began in the soft palate, and only six months ago. It has therefore spread very rapidly. It has not caused any difficulty in swallowing, but the voice is lost. The laryngoscopic examination has been made by Dr. Sansom, and confirmed by Dr. Semon. The child's paternal grandmother died of phthisis.

*Remarks.*—Although in most cases lupus of mucous membrane is secondary to lupus of the skin, or, at any rate, develops simultaneously, this is not invariable. In one of the cases already seen this afternoon the disease began on the septum of the nose, and did not invade the nose-tip until twelve years later. I have seen several cases in which the disease began in the mouth, and one or two in which it began on the conjunctiva. Sometimes it begins in the lachrymal sac. We must fully recognise the fact that lupus is a disease which may begin in mucous membrane as well as in skin. When it begins in the mouth, I think it often runs rather a rapid course.

**LUPUS VULGARIS of the buttock** IN A CHILD (Mr. F. G. Scott).—The patient, a boy of nine, has a single large patch on the left buttock. It is as large as the palm of an adult hand. In the middle the condition is that of healthy scar, but at its margins are groups of lupus tubercles. It is remarkably free from inflammatory swelling. An interesting point in the history is that it is said to have begun at the early age of fifteen months. No other patches have been produced, and it thus confirms the rule that when once lupus is established it shows no tendency to infect distant parts.

*Remarks.*—The case is one very promising for complete cure. The part affected is one fairly exempt from the influence of cold. All the tubercles should be thoroughly destroyed by the



acid nitrate of mercury, and the boy kept to bed till the sores have healed.

*A Case of ACROMEGALY with Neuritis of one Optic Nerve and BLINDNESS OF THE EYE.*—A tall muscular young man, twenty-four years of age. His face is long and oval, the chin projecting strongly. His hands are very large, the digits especially being long and very broad. His feet also are very large. He is blind in his left eye, being barely able to count fingers. The optic disc is of grey-white; its edges, especially at its upper part, being concealed by a thin film, and the arteria centralis being of very small size. He complains of no headache or other cerebral symptom. His other eye is quite normal. The failure of the left began possibly a year ago, and has certainly advanced rather rapidly during the last six months. It is certain that his hands and feet have increased much in size during the last two years. Twice during a year the size of his boots had to be increased, and eighteen months ago he found himself obliged to have his gloves made to measure. He believes, however, that he always had large hands and feet, and thinks that one of his brothers has the same. Neither of his parents, who are both living, are so affected.

*Remarks.*—The case is a typical one of Acromegaly, and the changes appear to have commenced, as usual, at the adolescent period. In all probability, the pituitary body is much enlarged, and is pressing upon the left optic nerve, and has thus occasioned neuritis and loss of sight. It is much to be feared that the other eye may suffer also. Several cases are on record of blindness from this cause. The young man appears in other respects to enjoy good health. He is muscular, energetic, and in good spirits, although naturally very anxious about his sight. As is usual, the acromegalic changes had not excited much attention either from himself or his friends. Until he came to me for the defect in his eye, no suspicion of the diagnosis had been entertained. Now, however, that attention is called to it, no one can for a moment doubt the nature of the malady. The subjects of this disease not unfrequently retain good muscular development and sound general health. The portrait of an acromegalic young man whose case was published by Virchow, showing his large biceps, deltoid, &c., is so like our portrait, that it might be mistaken for a representation of the same man. This is the sixth well-marked case of Acromegaly which has come under my observation, and I have seen several others in which the diagnosis was probable.

(1) PALMAR AND PLANTAR PSORIASIS (*Ichthyosis* ?) in a *Child*.—Dry and cracked palms and soles in a young child (Mr. Hitchins). The patient, a girl of five, had the whole of the palmar aspects of the hands and digits slightly red, thick, and peeling. The soles of her feet were in a similar condition, with the exception that the skin was supple and healthy under the arch, where it was exempt from pressure. The child was florid and in perfect health, and there was no tendency to ichthyosis on any other part. The mother stated that the conditions were not congenital, and had not been observed until two years of age.

*Remarks*.—Affections of the palms and soles in children are almost unknown excepting in association with ichthyosis. We must, therefore, having regard to the child's perfect health, consider this case as allied to ichthyosis. No doubt the child was born with a peculiarity in the structure of the skin, which rendered it less capable than usual of resisting the effects of mechanical irritation; thus, when the child began to walk and to handle toys, the skin revealed its defective organisation by passing into a condition of chronic inflammation. In this respect we have a parallel with certain other well-known types of disease, such as Retinitis pigmentosa, Kaposi's disease, and many others in which nothing is to be observed at the time of birth, but in which exposure to light, sun, &c., at once brings on a peculiar form of degeneration of tissue.

(2) *Annually recurrent HERPES* on the Cheek (Mr. Hitchins).—A group of herpetic vesicles arranged like Zoster occupied the lower part of the left cheek, nearly touching the angle of the mouth; close above them was a group of scars, which looked as if caused by a previous attack of Herpes. The patient was a woman aged twenty-five, who gave a history of three attacks in three successive years. Each had occurred at the same season. The present attack was in its fourth day. She knew nothing of the history of what had caused the scars; they had been there, she said, as long as she could remember. She appeared to be in good health, but there was the possibility of her having suffered from syphilis.



*Remarks.*—One of the questions is as to nomenclature, whether we should regard this as a case of febrile, *i.e.*, catarrhal Herpes, or of a form of Zoster. There is a group of what we may call recurring Herpes which, perhaps, stands midway between the two type forms—it is never seen on the sides of the trunk, where typical Zoster is most common, but occurs on the cheek, neck, or buttocks; it is much less painful than true Zoster, but it is arranged in the corymbiform manner, and is usually at some distance from the lips, genitals, &c., where symptomatic or febrile Herpes is usually seen. It is often the fact that the subjects have had syphilis, and sometimes, as has been noticed by Dr. Buzzard, they are suffering from tabes. The intervals between the attacks vary much, from a few weeks to a year or more. Arsenic, so long as it is continued, usually prevents recurrence. In the present instance the group of scars probably represents a severe attack in early childhood.

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Tuesday, April 17, 1894 :—

(1) HAIR-GROWING MOLE ON THE FACE.—A girl, aged ten, had a thick mole deeply pigmented and covered with hair which involved nearly the whole of her left cheek. By the side of the patient was placed a photograph taken seven years ago in order to illustrate the results obtained by the use of the actual cautery. The greater part of the mole had been destroyed, and a scar quite free from hairs had taken its place: the cautery had been used three times at intervals of six months. It is proposed to complete the cure by the same method. A drawing showing the good results of the cautery treatment in cases of vascular nævus was exhibited.

*Remarks.*—In the use of the actual cautery for the cure of nævus or thick moles it is necessary to warn the patient's parents beforehand that many operations, extending over a long period, will be necessary. The essential point is not to attempt too much at one time. If the cautery is used too vigorously contraction of the scar, or even keloid induration, may easily result.

(2) SPONDYLITIS DEFORMANS (Dr. Stocker, of Forest-gate).—This patient offered a splendid example of this remarkable condition. His back was bowed and head bent forward, so that he was always looking to the ground. So far as could be ascertained his whole spinal column was one piece of bone; he could neither nod nor move his head from side to side. His right scapula appeared to be quite fixed, and the left was almost so. Although his shoulder joints were free from disease, the fixation of his scapulæ made the movement of his

upper extremities very restricted. No stiffness or rheumatoid changes could be discovered in any of the joints of the limbs. The patient, who was a healthy-looking man of thirty-seven, denied ever having had gonorrhœa or gonorrhœal rheumatism. His illness had begun about four years ago. He had been an inmate at Westminster under the care of Dr. Andrewes (October, 1889). He had never had rheumatic fever, and did not consider that he had been rheumatic in any special degree, but he had had, however, two attacks in his foot not unlike gout; his father had suffered from gout in the great toe more than once, and several relatives were believed to be subject to rheumatic-gout.

*Remarks.*—We have in this case a very remarkable instance of morbid changes of a constitutional kind, restricting themselves to a certain territory. Apparently all the joints of the man's spine had become fixed.

(3) ACQUIRED SYPHILIS in the Subject of INHERITED TAINT.—A man aged twenty-five presented the following indications of inherited taint:—Evidences of past interstitial heretitis, scars at angles of mouth, sunken nose, and prominent frontal eminences. One of his brothers had suffered from chronic caries of one tibia, which had needed repeated scrapings. Thus the recognition of inherited taint seems conclusive. Now this man, being at the time in apparently good health, contracted a chancre in March, 1893. He was told that it was "hard," and it was attended by hard glands in the groins, which did not suppurate. He was treated by mercury, and subsequently, in consequence of pains in the bones, by iodide of potassium. He had sore throat, and lost his voice, but no eruption. At the present time—a year after the chancre—he has symmetrical periosteal swellings of the metacarpal bones of both little fingers, and in slight degree of several phalanges.

*Remarks.*—I do not think there is any doubt that in this case a young man, the subject of inherited taint, has had a specific chancre. As he has taken mercury from the beginning and continuously for nearly ten months, we cannot infer anything from the absence of ordinary secondary symptoms. He has had the "suppression treatment," and it has succeeded. The tendency to bone disease at so early a period is, however, remarkable, and we may suspect that the inherited taint has predisposed to it. This may not improbably be the explanation of not a few cases in which tertiary symptoms occur very early. We must give iodide, for in some cases not only does mercury fail to prevent periostitis, but it appears to make it worse. [After a month's treatment with iodides all traces of the nodes had disappeared.]

(5) SUBCUTANEOUS NÆVUS IN THE NECK (Dr. Busch, of the German Hospital).—A girl, aged fifteen, had an ill-defined mass of considerable size in her right neck, under the body of jaw, and passing downwards and upwards. The skin over it was pigmented. It felt knotted, and at parts adhered to the skin. It was believed to have been present from birth. Mr. Hutchinson stated that his diagnosis was a venous nævus, which had been partly obliterated.

(5) ICHTHYOSIS HERPETIFORMIS (Dr. Busch) —The subject of this case was a girl of seventeen, who had formerly been under Mr. Howse's care in Guy's Hospital, and whose portrait is in the Museum of the Royal College of Surgeons. The ichthyosis was wholly unilateral, and involved the pectoral and axillary regions and inner side of the upper arm, passing down below the elbow. It displayed papillary growths varying in size at different regions, and black from dirt, which it was impossible to wash off. Great benefit had been obtained by Mr. Howse's operations (cutting away the papillæ), but there was more to be done.

*Remarks.*—We meet with the congenital defects in the formation of the skin known as ichthyosis under several different conditions. In the more common, the skin is affected generally and everywhere. There is, however, another group of cases in which the changes occur in streaks, and often with very definite deviations from bilateral symmetry. Of this we have numerous illustrations in the Museum, and several important examples of it have been produced at our Demonstrations. This form is almost always attended by papillary growths. I have hitherto been in the habit of calling this ichthyosis in streaks, and many years ago in describing such cases I suggested that the changes might be due to some intra-uterine malady analogous to herpes zoster. I now propose for it the convenient designation of *Ichthyosis herpetiformis*; meaning by the adjective that the arrangement of the patches suggests nerve distribution, and resembles that of herpes. It is to be noted, however, that although often strictly unilateral and in definite streaks, the groups of papillæ are seldom arranged exactly according to the distribution of known nerves. This deviation from close similarity to herpes zoster may, however, possibly be explained by the fact that the disturbance of the nutrition of the skin occurs at an early period of foetal life before the nerve structures have become developed according to their final plan. Be this as it may, the name will, I think, suggest a natural resemblance, and no more is intended.



*List of Subjects on which it is proposed to give special Demonstrations.*

Acromegaly.	Myositis Ossificans.
Acro-arthritis.	Papillomatosis Senilis.
Diseases of the Nails.	Papillomatosis Juvenilis.
The Various Forms of Gout.	Floating Kidney.
Leprosy.	Enlargement of the Spleen.
Myxœdema.	Lichen Planus.
Bronchocele.	Lupus Sebaceus.
Arthritis Deformans.	Results of Operations for Cancer of the
Osteitis Deformans.	Lower Bowel.
Raynaud's Phenomena.	"Sympathetic" Ophthalmitis.
Sclerodermia.	Xerodermia.
Rodent Cancer.	Elephantiasis.
Lupus Erythematosus.	Injuries to the Elbow Joint.
Adenoma Sebaceum.	Injuries to the Shoulder Joint.
Addison's Disease.	Colles's Fracture.
Xerostomia.	Injuries to Epiphyses.
Arthritic Iritis.	Syphilitic Keratitis.
Chronic Glaucoma.	Syphilitic Teeth.
Senile Amaurosis.	The Teeth of Stomatitis.
Results of Fractures of Neck of Femur.	Favus.
Results of Fractures of the Patella.	Ringworm.
School Ophthalmia and Pannus, &c.	Alopecia Areata.
Xanthoma.	Pityriasis Rosea.
Xanthoma Diabeticorum.	Paget's Disease of Nipple.
The Physiognomy of Inherited Syphilis.	Molluscum Contagiosum.
Keratosi Palmaris and K. Plantaris.	Molluscum Fibrosum.
Exophthalmic Goitre.	Spondylitis Deformans.
Coloboma of the Iris.	Tabetic Arthropathy.
Hare-lip and the Results of Operation.	Tabes.
Cleft Palate and the Results of Operation.	Stumps after Various Amputations.
The Results of Resection of Head of Femur.	Dupuytren's Contraction of Palmar Fascia.
Lymphadenoma.	Erythema Induratum, etc.
Results of Excision of Cancer of Tongue.	Diseases of the Testis.
Results of Excision of Cancer of Breast.	Hernia, and the Results of Operations for
Melanotic Sarcoma.	Radical Cure.

The above list of subjects is published by the Committee in charge of the arrangements for the afternoon Demonstrations, in the hope that it may induce the Members of the Polyclinic to collect cases. Those who are able to produce cases in illustration of any of them should at once communicate with Dr. Hawthorne, and will be informed as to when their patients should attend. The same topics will, no doubt, be reverted to on several occasions in the future.

The publication of this list is not intended to prevent the production at any of the afternoon Demonstrations of cases belonging to any of the subjects named. All cases will, on all occasions, be acceptable; but concerning those named special demonstrations will be arranged, and the group of cases at each demonstration will form the basis of a clinical lecture by some recognized authority on the subject.





# AN APPEAL

ON BEHALF OF THE

MEDICAL GRADUATES' COLLEGE  
AND POLYCLINIC.

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*(Issued by the Council, April, 1899.)*

22, CHENIES STREET,  
GOWER STREET,  
LONDON, W.C.



# AN APPEAL ON BEHALF OF THE MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.

(Issued by the Council, April, 1899.)

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“’Tis the taught already that profits by teaching.”

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The profession of Medicine demands from those who practise it extensive and detailed knowledge in a vast variety of subjects. Every year its scope is becoming wider. Much of what it is desirable that a medical man should be familiar with, cannot be supplied by books alone. Technical skill, practical familiarity with details, and above all, what is known as “Experience” are essential to his equipment. Nor is this knowledge of a fixed and stationary kind, which may be acquired in youth and then serve for life. In many of its departments it is undergoing constant developments, which necessitate new studies. Although the time allotted to the education of Medical Students has recently been extended from four to five years, yet none familiar with the subject can doubt that even

this period is still far from adequate for the acquisition of all that makes a Medical Man useful to those among whom he follows his avocation. The student's attainments at the date of his gaining his diploma and becoming "qualified" represent a minimum, and it is most desirable that he should regard himself as a learner throughout his whole life.

It is in recognition of the truth of what has just been stated that the MEDICAL GRADUATES' COLLEGE has been founded. Its aim is to facilitate, in all directions, the life-long education of medical men, and to offer them opportunities in London which are already enjoyed in Vienna, New York, and other capitals. Nor does it in this aim contemplate any one particular class of the profession. Its organisation is based on the belief that such facilities are necessary to all, and has been framed with the object of supplying them. The arrangements of modern life have made possible schemes which in former times would have been out of the question. Medical men resident in England now easily make short visits to London, and from all parts of the world come those who are prepared for a longer stay, and who would gladly avail themselves of such opportunities as this College will offer.

At this College short classes for practical instruction in all subjects, the knowledge of which is useful in medical practice, will be in

constant repetition. There will also be a large Museum for the display of Models, etc., in illustration of disease, and of Apparatus, Instruments, and Appliances of the newest patterns. A Work-room for Clinical and Pathological Research will also be open at all times.

What is, perhaps, the more important half of the scheme of the new Institution remains to be mentioned. Under the name of

### CLINICS

it is proposed to organise Daily Consultations for poor persons and those not able to pay consultation fees. These Consultations will be open to all medical men who have joined the College, and will be designed for the double purpose of affording them opportunities of becoming practically familiar with exceptional forms of disease and with the best and most modern methods of diagnosis, and at the same time, of giving advice to the patients. They will be arranged in classified departments. It is not proposed to provide Hospital accommodation or to undertake continuous treatment. Advice will be given, with a view to its being carried out at home, or the patient will be recommended to some Hospital well suited for his case. As far as possible in this matter, the Polyclinic will seek to act in



concert with private Practitioners, and with the general and special Hospitals. To prevent abuse, in all cases a certificate will be required that the patient's circumstances are such as to justify gratuitous consultation. It is believed that there are many cases in which patients would much prefer to receive consultation-advice, and to remain at home for treatment rather than be required to attend repeatedly at a Hospital. It is proposed, by a special fund, to assist those living at a distance from London in their travelling expenses.

Invaluable as Hospitals unquestionably are, it still remains an undoubted fact that by far the larger amount of Medical Charity is effected in the homes of the poor by family practitioners, whether in parish appointments or otherwise. It is impossible to exaggerate the importance as regards the interests of the public, as well financial as humanitarian, of the complete education of such practitioners. It is under their observation in almost all cases that the earlier stages of disease come. In but too many instances, the stage at which patients resort to Hospitals is one too late for cure. In two directions the POLYCLINIC hopes to reduce this evil, first by increasing the diagnostic ability of private practitioners, and secondly by affording facilities both to them and to their patients for early consultations.

The diseases classed under the name of "cancer" afford an excellent illustration of what is meant. Under modern surgical methods, many, if not most, of these fell maladies may be permanently cured. The one essential is that they must be recognised in their early stages, and in order to such recognition early consultations are most desirable. Many valuable lives would every year be saved if such consultation were more promptly obtained; and the same statements are true with only slightly less force respecting many other diseases.

As regards existing Hospitals, it may be pointed out that the new Institution will not in any way enter into hurtful competition with them. It may indeed, much assist their work, not only by sending to them cases at earlier stages of disease, but by diminishing the pressure on their out-patient rooms, and by forestalling the demand, which is sure to arise, for increase in ward-accommodation. At the present rate of advance of the British population, it may be expected that every half-century will *cæteris paribus* require the Hospital accommodation to be doubled. By far the best means of preventing such a demand, is to increase the efficiency of the treatment which the poor receive at their own homes. To do this is the definite aim of the MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.

## FINANCE.

For the Special Classes and Lectures fees will be charged, but it is felt to be desirable, in order to widen the usefulness of the College, that these should be kept as low as possible. It is desired, therefore, to raise by Donations a sum sufficient to purchase and furnish the premises, and to equip the Institution on a liberal scale. If this can be done, it is hoped that in respect of this department no recurring subscriptions will be required. It will, however, be otherwise as regards that which concerns the patients. For this a moderate annual income, to be supplied by the public, will be needed. As it is obvious that the public, rather than the profession, will gain by what is undertaken in the College, the Council feels that it may appeal to all who take an intelligent interest in Medical Science, as applied to the benefit of mankind, to aid them in their work.

Donations will be thankfully received by the Treasurer, Secretary, or any Member of the Council. Cheques should be crossed "Parr's Bank, 1, Cavendish Square, W."

THE  
MEDICAL GRADUATES' COLLEGE  
AND POLYCLINIC,

22, CHENIES STREET, LONDON, W.C.



REPORT AND BALANCE SHEET,

TO

*31st DECEMBER, 1899.*

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To be presented to the Members and Subscribers at the First Annual General Meeting, to be held in The Polyclinic, 22, Chenies Street, London, W.C., on Wednesday, the 28th March, 1900.





THE MEDICAL GRADUATES' COLLEGE  
AND POLYCLINIC,

22, CHENIES STREET, LONDON, W.C.

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FOUNDED 1899.

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FIRST  
REPORT AND BALANCE SHEET,  
TO  
31ST DECEMBER, 1899.

London:

GEO. PULMAN AND SONS, LTD.,  
THAYER STREET, MANCHESTER SQUARE, W.

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1900.



# OFFICERS AND COUNCIL OF THE COLLEGE.

(Elected at the Statutory Meeting on October 17th, 1899.)

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## Vice-Patrons :

THE RIGHT HON. LORD IVEAGH, K.P., LL.D.

THE RIGHT HON. LORD STRATHCONA & MOUNT ROYAL, G.C.M.G., LL.D.

THE RIGHT HON. A. J. BALFOUR, M.P., LL.D.

THE RIGHT HON. LORD AVEBURY, LL.D., F.R.S.

## President :

Sir Wm. H. Broadbent, Bart., LL.D., F.R.S.

## Vice-Presidents :

Prof. Clifford Allbutt, LL.D., F.R.S.

Sir John Banks, K.C.B., M.D.

Thomas Bryant, F.R.C.S.

Sir Joseph Fayrer, Bart., K.C.S.I.,  
M.D., F.R.S.

Sir Wm. T. Gairdner, K.C.B.,  
LL.D., M.D.

Jonathan Hutchinson, LL.D., F.R.S.

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Sir Samuel Wilks, Bart., LL.D.,  
F.R.S.

*Treasurer* : Chas. Theodore Williams, M.D., F.R.C.P.

*Dean* : Guthrie Rankin, M.D., M.R.C.P.

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*Chairman* : William Miller Ord, M.D., F.R.C.P.

James Berry, B.S., F.R.C.S.

Robt. Bowles, M.D., F.R.C.P.

James Cantlie, M.B., F.R.C.S.

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Boyd Joll, M.B.

Stephen Mackenzie, M.D., F.R.C.P.

Malcolm A. Morris, F.R.C.S.

George Oliver, M.D., F.R.C.P.

Herbt. W. Page, M.C., F.R.C.S.

Solomon Smith, M.D., M.R.C.P.

James Taylor, M.D., F.R.C.P.

Seymour Taylor, M.D., M.R.C.P.

St. Clair Thomson, M.D., F.R.C.S.

## Medical Superintendent :

A. E. Hayward Pinch, F.R.C.S.



## Report of Council for 1899.

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In the year 1890 an Association was organised under the name of the "London Post-Graduate Course," which had <sup>General Statement.</sup> for its object to supply the Profession with educational advantages similar to those found in the Polyclinics of America and the Continent. The classes were conducted at different hospitals during ten years with varying success. Those most interested in the scheme became strongly impressed with the conviction that it was necessary to secure a central home for purposes of demonstration and tuition, and Dr. Fletcher Little, who had throughout acted as Honorary Secretary, secured the present premises in 1898. The burden of financial responsibility was undertaken at this stage by Mr. Jonathan Hutchinson. A Provisional Committee was formed, and after many preliminary meetings, an Institution bearing the title of the "Medical Graduates' College and Polyclinic" was incorporated under the provisions of the Board of Trade. To this Institution the freehold of the premises, 22 Chenies Street, was duly transferred on 11th August, 1898. At a statutory meeting of the Members of the College, on 17th October, 1899, the present officers were elected. The actual work of the Polyclinic commenced on 1st May, 1899, and the Council have now the pleasure of reporting the progress made since that date. In doing this, the Council desire, as a first duty, to express their sense of deep gratitude to Mr. Hutchinson for the active and leading personal interest he has taken in the establishment of this College and for the unceasing energy with which he enters into a large part of the work now being carried on.

The Council are convinced that the difficulty of keeping pace with the increasing developments in every department of the healing art fully warranted the belief of the original Post-Graduate Committee that the time had come when the Profession as a whole would benefit by the establishment in England of a Polyclinic. Men engaged in practice are eager for the means of acquiring fresh knowledge and greater skill in the various special and general departments of Scientific Medicine, and they have responded to the invitation of this Council in such numbers that the list of original Subscribers to-day reaches the satisfactory total of 607.

The poor population of the country must also directly benefit by this Institution, for it places at their disposal, free of cost,



the advantages of consultations, hitherto enjoyed only by the well-to-do.

There is no intention to add to the hospital accommodation of London. The Polyclinic has no beds, and does not supply medicine, but aims only at giving consultation-advice. The desire from its outset has been, and still is, to be wholly supplementary to existing hospitals, with which it is anxious to associate its work, so as to become in their midst a central bureau where Members of the Profession will find full information concerning the clinical opportunities, not of the Polyclinic only, but also of other Medical Institutions.

To prevent abuse, a certificate that the patient's circumstances are such as to justify gratuitous consultation is in all cases required, and Letters of Recommendation are provided for this purpose.

**Memorandum  
and Articles of  
Association.**

Among the earliest duties which fell to be discharged by the Provisional Committee of Organisation was that of directing the lines upon which the College should be governed and conducted.

The Committee had the advantage of the guidance and advice of Mr. James R. Upton.

The College was registered under the Companies' Acts on the 21st of June, 1899.

**Subscribers  
and Members.**

As already stated, the numbers now reach 606; of these 497 are Subscribers and 109 Members.

It is probably not fully understood that, in order to obtain the right of voting at Annual Meetings and to become eligible for election to the Council, Subscribers must become Members. The accompanying responsibility is a possible liability for a sum not exceeding TEN SHILLINGS, should the College at any time fail to meet its financial obligations. Membership is obtained by the formal vote of the Council.

**Life Governors**

Thirty-nine supporters of the College, in virtue of a payment of Twenty or more Guineas, have become Life Governors.

It is desirable to have an influential list of Governors, and it will be specially advantageous if this list eventually comprises a large representation of laymen.

Three Committees carry out the details of the Council's instructions, and meet once in every month for that purpose. Committees of Council.

1. House and Finance Committee.
2. Lectures and Consultations Committee.
3. Library and Museum Committee.

Hitherto the duties have been heavy, but now that the greater part of the work of organisation is accomplished, the demands of the Council upon the time of its Committees will be less exacting.

Sub-Committees, which are intended to be permanent and open to Members and Subscribers of the College, have been arranged for the investigation of special subjects. They may be increased in size from time to time by the election of new Members chosen from the Profession at large. Each Sub-Committee will collect from all available sources information on the subject with which it is concerned, and will so arrange and tabulate the work accomplished as to make it easy of access for reference. It will periodically report progress to the Library and Museum Committee, and will be responsible for the guardianship of all books, manuscripts, drawings, etc., which may be handed over to it in connection with its investigations. Sub-Committees of Investigation.

Sub-Committees have already been appointed to deal with the subjects of Leprosy, Yaws, Geographical Pathology, and Tuberculosis. Others will be constituted as occasion demands.

In the section of Geographical Pathology, arrangements are in progress for instituting its first enquiry into the Climatic Conditions and Prevailing Diseases of South Africa.

One Clinical Lecture has, up to the date of this Report, been delivered within the College. Dr. Clifford Allbutt, Regius Professor of Medicine at Cambridge, undertook the duty, and gave an instructive demonstration on "Parkinson's Disease." In future, the lectures will take place at five o'clock every alternate Wednesday. They are looked forward to as important features in the College work. Clinical Lectures.

The Council have authorised five Sessions of Practical Classes to be held during each year, leaving the question of a sixth Practical Classes.

or Vacation Session for future decision. Four such Sessions, each of six weeks' duration, were held during 1899, and the classes were attended by an aggregate of 125 Members of the Profession. Experience has proved that the original arrangement allowed of inconvenient overlapping. A readjustment has therefore been necessary to overcome this fault, and the classes, though now fewer in number, remain as comprehensive in the matter of subjects treated as when first instituted.

They will be conducted in duplicate whenever the numbers attending any of them reach such proportions as to make an arrangement of this kind necessary. The tuition provided aims at being personal, so that every member of the class is ensured ample opportunity of becoming practically familiar with the technique described by the teacher. This intention will be steadily kept in view, and no class will be allowed to exceed limits that will permit of thorough individual training.

**Systematic  
Lectures.**

Courses of Lectures on various subjects are provided for, but this part of the work of the College is still in its infancy. At present, classes coming under this heading, at which the lectures are more or less formal and didactic, are only held conditionally upon there being a minimum number of entries. Up to this date an attendance of twenty-three has to be recorded on courses of lectures delivered upon the subjects of General Ophthalmology, Diseases of the Skin, and Comparative Pathology. Arrangements for *Special Courses* will be made from time to time. Two such have already been given, one on "Ante-Natal Pathology," in June, by Dr. J. W. Ballantyne, of Edinburgh; and another on "The Ocular Muscles," in December, by Dr. Ernest Maddox, of Bournemouth.

**Extra-Mural  
Classes.**

Three subjects are taught outside the Polyclinic, viz.:—

Bacteriology, at King's College.

Mental Diseases, at the Bethlem Royal Hospital.

Hygiene and Public Health, at the Parkes Museum.

The classes are arranged for on reasonable terms, and bring within the reach of Members the most complete form of instruction on the subjects with which they deal. There have been fourteen entries.

Clinical Consultations are held on five days a week, as Consultations, follows :—

Monday—Diseases of the Skin.

Tuesday—Medical Diseases.

Wednesday—Various Diseases.

Thursday—Surgical Diseases.

Friday—Diseases of the Ear, Throat, Nose, and Eye.

Cases sent up are carefully studied and discussed, and, when desired, a written report embodying the result of the consultation is transmitted to the Certifying Practitioner.

Many rare and instructive forms of disease have already been demonstrated, and it is satisfactory to be able to report that the supply of suitable clinical material is now abundant, and is daily becoming more so. It is desirable that the Medical Superintendent should, when possible, have the Recommendation Letter sent to him in advance of the patient in order that he may notify the most suitable day for attendance. In an hour-and-a-half even the most energetic consultant can only get through a limited number of cases, especially if much discussion be evoked by divergent opinions. Cases are apt to come spasmodically—too many one day, too few another; in the former event, there is the risk of disappointment among patients whose cases it may, from lack of time, be impossible to investigate; in the latter, the same disappointment overtakes medical men present at the clinique if the cases of special interest are too few to reward the trouble of attendance. All this may be avoided by a little pre-arrangement, and Members will doubtless, for their own sakes, see to it that the numbers of casual patients are kept in check by a little attention to the question of previous notification.

The attendance of Members of the College at these consultations is one of the most gratifying features to be recorded. It has been steadily increasing from the first, and has now reached an average of between 40 and 50.

The hour of consultation is 4 o'clock.

Owing to technical difficulties, it has been found impossible The Laborator to get the Laboratory complete in time for the first Session of the year; but it will be in full working order by March 1st, before the beginning of the Lent Session of Classes.



It is proposed, at first, to utilise it for the conduct of two classes only, one on "Clinical Microscopy," the other on "The Clinical Examination of the Urine." Additional classes on laboratory subjects will be added from time to time.

Examination of pathological specimens will be undertaken for Members on terms which may be ascertained at the College Laboratory.

Members and Subscribers will be allowed to carry on independent investigation on payment of a weekly fee.

An assistant will be in attendance for the purpose of helping Members with the prosecution of the work in which they are engaged.

The Laboratory will be under the personal supervision and direction of Captain Hayward Pinch, F.R.C.S., the Medical Superintendent.

#### The Museum.

The plans for the Museum were passed by the Council after much consideration and repeated consultations with the Architect, Mr. Marshall.

The new building is now in process of erection and will occupy the vacant space adjoining the College. When completed—as it should be in March—it will have an area of 61 feet by 21 feet, and will form a handsome and necessary addition to the present accommodation. It is intended that full use shall be made of the drawings, specimens, pictures, and other clinical material contained in the Museum for the illustration and elucidation of the College lectures and consultations.

The total cost of the new building will amount to £2,000, which sum has been kindly advanced on loan by Mr. Hutchinson.

#### The Library and Reading-room

The foundation is now laid of a substantial Library, which is at present conducted on the open principle. The shelves already contain upwards of 4,000 volumes, among which will be found many important present-day works of reference.

The Hon. Librarian, Dr. Boyd Joll, is engaged in the preparation of a catalogue.

A constant succession of the newest books published will be found in the reading-room. There is also a full supply of such Medical literature as is issued at home and abroad in journal, magazine, or pamphlet form. Books have been



generously presented by the British Medical Association and by many of the College Members. All such contributions are valuable and valued.

The Reading-room is comfortably furnished, and is open daily.

Two numbers of the Journal—"The Polyclinic"—have been published, in May and October.

Experience has proved that, if Members are to be supplied with a reasonably complete record of the more important work done, a quarterly issue, as was first intended, is not sufficient to cope with the necessities of the College. It has therefore been decided to issue the Journal monthly on and after the beginning of January.

It will appear on the 1st of each month, and will be edited by Mr. Hutchinson, assisted by a Committee of Co-operation. It will continue, as heretofore, under the direction of the Museum and Library Committee. The price of the Journal to non-Subscribers is 1s. per month, or 12s. 6d. post free, per annum.

The first few months' expenditure is disproportionately large because of inevitable initial outlays.

The premises were originally bought by Mr. Hutchinson, to whom a portion of the purchase-money has been repaid. The remainder, amounting to £4,600, remains on mortgage at  $3\frac{1}{2}$  per cent.

Large sums have been spent on necessary alterations in the building. The cost of furniture has been moderate, but that of scientific equipment great, as it involved the fitting up of a laboratory and the supply of various instruments, including a full Röntgen-Ray apparatus.

The administrative charges include a considerable sum for advertising. This will be reduced in future, but there will be an addition to expenditure consequent upon the more frequent issue of the College Journal.

In order to establish the College on a firm financial basis, a Foundation Fund was created. The Profession and Public were appealed to, and donations to the amount of £3,218 have been received up to date. The capital-sum required to enable

the full scheme to be carried out is £15,000, and of this amount the Council have to record their gratitude for a total contribution of £3,586. Lord Iveagh, Lord Strathcona, and Dr. Theodore Williams have been conspicuously munificent.

The Council desire to appeal to the benevolent public, both lay and professional, for further financial help.

The charitable aspect of the work is by no means the least important, and those who contribute to the Foundation Fund will have the satisfaction of knowing that they are assisting the achievement of three great objects:

1. The extension of medical charity in a direction as yet scarcely attempted.
2. The better equipment of the Medical Profession for its battle with disease, and, therefore, the greater safety to the public health.
3. The placing of Great Britain on an equality with other countries, where the need for such institutions has long been recognised and provided for.

It is anticipated that eventually the revenue of the Polyclinic from subscriptions of Members, class fees, and other minor sources will be sufficient to cover the annual expenditure. The income is already nearly £700, which cannot be looked upon as otherwise than satisfactory, when it is considered that the full work of the College is not yet entered upon.

The audited Balance-Sheet will be found appended to this Report.

#### Dinner and Conversazione

In May a *Conversazione* was given by the Council to celebrate the opening of the College. It was numerously attended by Members and their friends.

The Council tender their sincere thanks to the many gentlemen who were kind enough to exhibit objects of interest.

An Inaugural Dinner was held in The Trocadero Restaurant on June 14th, at which the sum of £1,400 was subscribed towards the Foundation Fund. The Council are under great obligation to the The Right Honourable Sir John Lubbock (now Lord Avebury) for having taken the chair. He presided over a company of guests numbering upwards of 250.

Much of the success which attended both the *Conversazione* and the Dinner was due to the energy with which the secretarial duties were performed by Dr. Hawthorne and Dr. Guthrie Rankin.

In May Dr. Ord, who for some time kindly acted both as Chairman of Council and Honorary Treasurer, felt himself obliged to resign the latter office. Dr. Theodore Williams was elected by the Council to fill the vacancy.

In October Dr. Hawthorne, the first Medical Superintendent of the College, resigned his position. Out of a large number of candidates, Captain Hayward Pinch, F.R.C.S., late of Her Majesty's Indian Medical Service, was elected his successor. The Council desire to place on record their appreciation of the admirable way in which Dr. Hawthorne fulfilled his duties, and their regret at losing his services.

In December Dr. Fletcher Little, who had ably filled the position of Honorary Secretary, was compelled to retire on account of stress of other work. Fortunately, Dr. Little's valuable services will not be lost, for, as Vice-President, he will continue to take an unabated interest in all College affairs.

In the same month Dr. Guthrie Rankin was appointed Dean of the College.

To the original list of Vice-Patrons and Vice-Presidents the following distinguished names have to be added:—

*Vice-Patron*:—The Right Hon. Sir John Lubbock, M.P., D.C.L., LL.D., F.R.S. (now Lord Avebury).

*Vice-Presidents*:—Sir John Banks, K.C.B., M.D.; Sir Joseph Fayrer, Bart., K.C.S.I., F.R.S.; Sir William T. Gairdner, K.C.B., LL.D.; J. Fletcher Little, M.B., M.R.C.P.; Sir John Watt Reid, K.C.B., LL.D.; Sir Samuel Wilks, Bart., LL.D., F.R.S.

In accordance with No. 11 of the Articles of Association all the Members of Council retire, but being eligible, offer themselves, with the exception of Mr. Herbert W. Page, for re-election.

The vacancy caused by Mr. Page's retirement falls to be filled.

Election of  
Auditors.

Messrs. Turquand, Youngs, Bishop, and Clarke, Auditors to the College, retire, but offer themselves for re-election.

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This Report is necessarily imperfect, dealing as it does with only eight months' work, but the Council are convinced, from even such a short experience, that the London Polyclinic is destined to become firmly established as a valuable addition to the charitable and teaching medical institutions of the country.

WILLIAM MILLER ORD,

*Chairman of Council.*

22, Chenies Street, W.C.,

30th December, 1899.

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BALANCE SHEET

*to 31st December, 1899.*

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## RECEIPTS

				£	s.	d.
Subscriptions	..	..	..	527	3	0
Do (in advance)	..	..	..	34	13	0
Donations	..	..	..	3,218	2	6
Guarantee Fund	..	..	..	105	0	0
Leprosy Fund	..	..	..	212	16	5
Special Fund for Patients	..	..	..	50	0	0
Fees	..	..	..	291	15	0
Advertisements in " <i>The Polyclinic</i> "	..	..	..	3	12	0

NOTE.—For the purchase of Lease, &c., the amount originally advanced was £5,635 18s. 4d., of this £1,035 18s. 4d. has been repaid in cash as per above account and the balance has been secured by a Mortgage for £4,600. The general liabilities estimated at £181 7s. 10d. are not provided for in the above account nor is anything included for the Museum now being built. The property of the College consists of Lease of premises (subject to Mortgage as above), Furniture, Equipment, &c.

£4,443    1   11

We have examined the books and vouchers of the College and find the above account correct in accordance therewith.

TURQUAND, YOUNGS, BISHOP & CLARKE,

*Chartered Accountants.*

*London, 15th February, 1900.*

## EXPENDITURE.

	£	s.	d.	£	s.	d.
Repayment to Mr. J. Hutchinson of portion of advance for purchase of Lease, Furniture, Insurance, &c. .. ..	1,035	18	4			
Legal Expenses .. ..	13	18	4			
Interest on Mortgage .. ..	188	5	6			
	<hr/>			1,238	2	2
EQUIPMENT AND ALTERATIONS—						
Furniture (less sale) .. ..	220	4	4			
Equipment .. ..	632	4	0			
Electric Lighting .. ..	102	18	6			
Alterations and Repairs .. ..	188	14	1			
	<hr/>			1,144	0	11
ESTABLISHMENT CHARGES—						
Wages .. ..	88	16	6			
Rates, Taxes, Gas and Water	163	4	8			
General and House Expenses	145	2	0 $\frac{1}{2}$			
	<hr/>			397	3	2 $\frac{1}{2}$
ADMINISTRATION CHARGES—						
Salaries .. ..	273	2	4			
Advertising .. ..	169	13	10			
Printing and Stationery .. ..	156	10	3			
Postages .. ..	24	7	10			
Bank charges .. ..	1	0	6			
	<hr/>			624	14	9
Ground Rent and Insurance				114	11	4
Fees to Lecturers .. ..	132	15	0			
Patients and Models .. ..	39	13	2			
	<hr/>			172	8	2
Dinner and Conversazione .. ..				453	16	8
“The Polyclinic” .. ..				51	11	5
BALANCE—						
Cash at Bank .. ..	238	18	4			
Cash in hand .. ..	6	6	0			
Petty Cash .. ..	1	8	11 $\frac{1}{2}$			
	<hr/>			246	13	3 $\frac{1}{2}$
				<hr/>		
				£4,443	1	11

(Signed) C. THEODORE WILLIAMS,

Treasurer.

## APPENDIX I.

## COMMITTEES.

## COMMITTEES OF COUNCIL.

*Museum and Library Committee.*

Mr. James Berry.  
Mr. James Cantlie.  
Dr. Boyd Joll.

Mr. Herbert W. Page.  
Dr. Seymour Taylor (Chairman).

"THE POLYCLINIC," the *Journal of the College*, is published monthly, and Edited, under the direction of the *Museum and Library Committee*, by Mr. JONATHAN HUTCHINSON, assisted by the following

*Committee of Co-operation.*

Professor T. Clifford Allbutt.  
Sir Wm. Broadbent.  
Dr. Alfred Galabin.  
Dr. J. Hughlings Jackson.

Dr. Stephen Mackenzie.  
Mr. Malcolm Morris.  
Dr. Wm. Miller Ord.  
Dr. C. Theodore Williams.

*Lectures and Consultations Committee.*

Mr. James Cantlie (Chairman).  
Professor Crookshank.  
Dr. Solomon Smith.

Dr. St. Clair Thomson.  
Dr. Seymour Taylor.

*House and Finance Committee.*

Dr. Bowles.  
Dr. Hillier.  
Mr. Malcolm Morris (Chairman).

Dr. Solomon Smith.  
Dr. C. Theodore Williams.

## STANDING SUB-COMMITTEES OF INVESTIGATION.

*On Leprosy. (Its Prevalence, Etiology, and Treatment.)*

Dr. Phineas Abraham.	Sir Joseph Fayrer.
Surg.-Lieut.-Col. Oswald Baker.	Sir William Kynsey.
Dr. Radcliffe Crocker (Chairman).	The Librarian and Curators.

*On Yaws. (Its Localities, Nature, and especially its Relation to Syphilis.)*

Mr. James Cantlie.	Dr. Nicholls.
Sir William Kynsey.	The Librarian and Curators.
Dr. Patrick Manson.	

*On Diseases peculiar to certain Climates, and on Geographical Pathology in general.*

Mr. James Cantlie.	Sir Hermann Weber.
Mr. W. H. Crosse.	Dr. Parkes Weber.
Dr. Alfred Haviland.	Dr. C. Theodore Williams.
Dr. Hillier (Secretary).	The Librarian and Curators.
Sir William Kynsey (Chairman).	

*On Tuberculosis. (In all its various bearings, but with especial reference to its external forms.)*

Sir William Broadbent.	Mr. Malcolm Morris.
Dr. Burton Fanning.	Dr. Rufenacht Walters.
Dr. George Heron (Chairman).	Dr. C. Theodore Williams.
Dr. Hillier.	The Librarian and Curators.

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The President, Vice-Presidents, Chairman of Council, Treasurer, Hon. Secretary, and Dean, are *ex-officio* Members of all Committees.

## APPENDIX II.

## SCHEME OF WORK.

CLINICAL CONSULTATIONS are held at 4 o'clock on

<i>Mondays</i>	..	.	..	Skin Diseases
<i>Tuesdays</i>	..	.	..	Medical Diseases.
<i>Wednesdays</i>	..	..	..	Various Diseases.
<i>Thursdays</i>	..	..	.	Surgical Diseases.
<i>Fridays</i>	..	..	..	Eye, Ear, Throat, and Nose Diseases.

CLINICAL LECTURES

are delivered in the large Lecture Hall on alternate  
Wednesdays at 5 p.m.

PRACTICAL CLASSES.

Applied Anatomy—Medical and Surgical.  
Physical Diagnosis.  
Clinical Examination of the Nervous System.  
Practical Application of the Röntgen Rays.  
Practical Ophthalmology.  
Practical Rhinology and Laryngology.  
Practical Otology.

SYSTEMATIC LECTURES.

*(Conditional upon a minimum number of entries.)*

Diseases of the Eye.  
Diseases of the Skin.  
Comparative Pathology.  
Insanity: Its Medical and Legal Treatment.  
The Administration of Anæsthetics.

LABORATORY CLASSES.

The Clinical Examination of the Urine.  
Clinical Microscopy.

*(The Laboratory is also available for independent  
investigation.)*

EXTRA-MURAL CLASSES.

Practical Bacteriology, at King's College.  
Clinical Bacteriology, at King's College.  
Hygiene and Public Health, at The Parkes Museum.  
Mental Diseases, at Bethlem Royal Hospital.



## APPENDIX III.

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**List of Gentlemen who have taken part in the  
Consultation and Teaching Work of the College.**

Dr. Phineas S. Abraham.  
 Professor Clifford Allbutt.  
 Dr. J. W. Ballantyne.  
 Mr. James Berry.  
 Mr. A. Wynter Blyth.  
 Sir W. H. Broadbent, Bart.  
 Dr. Harry Campbell.  
 Mr. James Cantlie.  
 Mr. L. Vernon Cargill.  
 Mr. Albert Carless.  
 Mr. Arthur H. Cheatle.  
 Dr. Clement.  
 Mr. E. Treacher Collins.  
 Dr. Maurice Craig.  
 Mr. G. Critchett.  
 Dr. Radcliffe Crocker.  
 Professor Crookshank.  
 Dr. Ewart.  
 Dr. Ferrier.  
 Dr. Colcott Fox.  
 Dr. James Galloway.  
 Dr. J. Dundas Grant.  
 Dr. Ernest Maddox.  
 Mr. R. Marcus Gunn.

Dr. C. O. Hawthorne.  
 Dr. W. Jobson Horne.  
 Mr. Jonathan Hutchinson.  
 Dr. Woods Hutchinson.  
 Mr. Richard Lake.  
 Dr. F. Harrison Low.  
 Dr. Stephen Mackenzie.  
 Mr. Malcolm Morris.  
 Dr. Miller Ord.  
 Dr. J. F. Payne.  
 Mr. E. W. Roughton.  
 Mr. P. R. W. de Santi.  
 Dr. G. H. Savage.  
 Dr. Sharkey.  
 Dr. W. Holmes Spicer.  
 Dr. J. Edward Squire.  
 Dr. James Taylor.  
 Dr. Seymour Taylor.  
 Dr. St. Clair Thomson.  
 Dr. Herbert Tilley.  
 Dr. Aldren Turner.  
 Dr. C. Theodore Williams.  
 Dr. Whitfield.



## APPENDIX V.

## FEES.

Every qualified registered Medical Practitioner may, after approval by the Council, become either a Member or Subscriber. His privileges consist in a right to attend the CLINICAL LECTURES and CLINICAL CONSULTATIONS; to have full use of the Library, Reading-room, and Museum; and to receive a copy of the College Journal every month, free of cost.

Annual Subscription	...	...	...	<b>Two</b> Guineas.
Subscription for Three Months	...	...	...	<b>One</b> Guinea.
Practical and Laboratory Classes...	...	...	...	<b>Two</b> Guineas.
Any Three Practical Classes	..	...	...	<b>Five</b> Guineas.
Systematic Lectures	...	...	...	<b>One</b> Guinea.

## THE EXTRA-MURAL LECTURES;—

Practical Bacteriology	...	...	...	<b>Five</b> Guineas.
Clinical Bacteriology	...	...	...	<b>Two</b> Guineas.
Hygiene and Public Health	...	...	...	<b>Two</b> Guineas.
Mental Diseases	...	...	...	<b>One</b> Guinea.

## THE LABORATORY :—

*(Open for independent work to any Member or Subscriber.)*

Weekly Fee	...	...	...	...	<b>One</b> Guinea.
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## APPENDIX VI.

## FOUNDATION FUND

(Amount required £15,000).

## LIST OF SUBSCRIBERS, 31st DEC., 1899.

## DONATIONS AND SUBSCRIPTIONS.

Life Governors are denoted by an Asterisk. (\*)

		£	s.	d.
Anonymous (per Dr. Theodore Williams)	...	52	10	0
„ (per J. Hutchinson, Esq.)	...	1	1	0
„ (per J. Hutchinson, Esq.)	...	5	5	0
„ (per J. Hutchinson, Esq.)	...	5	5	0
„ (per Dr. Robert L. Bowles)	...	5	0	0
„ (per J. Hutchinson, Esq.)	...	5	0	0
„ (per Dr. Fletcher Little)	...	50	0	0
„ (per J. Hutchinson, Esq.)	...	25	0	0
„ (per J. Hutchinson, Esq.)	...	25	0	0
„ (per J. Hutchinson, Esq.)	...	1	1	0
„ (per J. Hutchinson, Esq.)	...	25	0	0
*Anderson, Dr. Tempest	...	21	0	0
Ansell, Charles, Esq.	...	5	5	0
Atkinson, Dr. W. A.	...	1	1	0
*Avebury, Right Hon. Lord, LL.D., F.R.S.	...	26	5	0
Balfour, The Rt. Hon. A. J., M.P.	...	1	1	0
Barlow, Dr. Thomas ( <i>paid guarantee</i> )	...	52	10	0
Beale, Dr. Clifford	...	2	2	0
Bedford, His Grace the Duke of	...	10	0	0
Benyon, Mrs.	...	10	0	0
Berry, James, Esq.	...	10	10	0
Biddulph, Geo. T., Esq.	...	2	2	0
*Bowles, Dr. Robert L.	...	26	5	0
*Broadbent, Sir W. H., Bart., M.D., F.R.S.	...	105	0	0
Bryant, Thomas, Esq., F.R.C.S.	...	10	10	0
*Cantlie, James, Esq.	...	21	0	0
Caryll, S. E., Esq.	...	2	2	0

	£	s.	d.
*Cates, Arthur, Esq. ( <i>paid guarantee</i> ) ...	52	10	0
Cockburn, Dr. ...	2	2	0
Cocks, Edward Somers, Esq. ...	3	3	0
Cohen, Benjamin, Esq. ...	5	5	0
*Coles, John, Esq. ...	21	0	0
Crews, C. T., Esq. ...	10	10	0
*Crocker, Dr. Radcliffe ...	21	0	0
*Crosby, Alderman Thomas ...	21	0	0
*Crookshank, Professor ...	21	0	0
Currie, Sir Donald ...	20	0	0
*D'Arcy, W. K., Esq. ...	52	10	0
Davies, A. W., Esq. ...	10	10	0
Denman, Thomas R., Esq. ...	1	1	0
Dickinson, W. H., Esq., L.C.C. ...	1	1	0
Diver, Dr. ...	0	10	6
*Duncan, A., Esq. ...	21	0	0
Durham, Dr. Frederic ...	5	5	0
Dutch, Myr O'Kiba ...	1	1	0
Eddowes, Dr. A. ...	1	1	0
Ewart, Dr. ...	2	2	0
Fellowes, Misses ...	1	1	0
Fisher, T. E., Esq. ...	1	1	0
Fox, Dr. Fortescue ...	1	1	0
Frank, Dr. Philip ...	10	10	0
Gahagan, Dr. Evatt ...	1	1	0
Galabin, Dr. ...	2	2	0
Goodchild, T. A., Esq. ...	1	1	0
*Grant, Dr. Dundas ...	21	0	0
Harper, Dr. C. J. ...	1	1	0
Harris, Edward, Esq. ...	5	5	0
Harrison, R. Charlton, Esq. ...	0	10	6
*Harrison, Reginald, Esq. ...	25	0	0
Hart, F. Lorimer, Esq., M.B. ...	0	10	6
*Harvey, Surgeon-General, C.B. ...	21	0	0
*Hillier, Dr. Alfred ...	21	0	0
Hollander, Dr. Bernard ...	1	1	0
Holman, Dr. Constantine ...	5	5	0
Hurnard, J., Esq. ...	5	0	0



	£	s.	d.
*Hutchinson, Jonathan, Esq., F.R.S. ... ..	105	0	0
Isaac, G. W., Esq. ... ..	1	1	0
*Iveagh, The Right Hon. Lord ... ..	500	0	0
*Jackson, Hughlings, Dr., F.R.S. ... ..	105	0	0
*Jacobson, W. H., Esq. ... ..	21	0	0
Jackson, Arthur, Esq. ... ..	3	3	0
*Joel, S. B., Esq. ... ..	26	5	0
Jones, J. H., Esq. ... ..	2	2	0
Kent, A. T., Esq. ... ..	1	1	0
*Law, Dr. ... ..	21	0	0
*Leathersellers, The Worshipful Company of ...	10	10	0
*Little, Dr. J. Fletcher ... ..	21	0	0
Loudon, G. F., Esq. ... ..	3	3	0
Low, Stuart, Esq., F.R.C.S. ... ..	1	1	0
Lyons, Messrs., & Co. ... ..	10	10	0
Lyttelton, The Hon. Alfred, M.P. ... ..	2	2	0
McGeagh, Dr. Foster ... ..	1	1	0
McLehose, N. M., Esq. ... ..	2	2	0
MacLelland, Dr. R. ... ..	1	1	0
MacNicol, Mrs. ... ..	3	0	0
” ” (Second Donation) ... ..	3	0	0
*Mackenzie, Dr. Stephen ... ..	25	0	0
Mackern, Dr. ... ..	2	2	0
Martin, H. J. W., Esq. ... ..	1	1	0
Mason, Thomas, Esq. ... ..	10	10	0
Montague, Sir S. ... ..	5	0	0
Morison, Dr. Alexander ... ..	2	2	0
Morrill, W. W., Esq. ... ..	10	10	0
*Morris, Malcolm, Esq. ... ..	21	0	0
Munro, W. J., Esq. ... ..	1	1	0
Murray, Col. Wyndham, M.P. ... ..	1	1	0
*Nettleship, Edward, Esq. ... ..	21	0	0
Nunn, T. W., Esq. ... ..	2	2	0
Neatby, Dr. ... ..	1	1	0
*Oliver, Dr. George ... ..	52	10	0
” ” (Second Donation) ... ..	100	0	0
*Ord, Dr. William Miller ... ..	26	5	0

	£	s.	d.
Page, P. W. H., Esq. ... ..	5	5	0
Pattin, Cooper, Esq., M.D. ... ..	1	1	0
Peau, Sir J. ... ..	2	2	0
Pinkard, G. H., Esq. ... ..	5	5	0
Powell, Sir Richard Douglas, Bart., M.D., F.R.S.	10	10	0
Rankin, Dr. Guthrie ... ..	10	10	0
Ray, E. Reynolds, Esq. ... ..	1	1	0
*Reckitt, Francis, Esq. ... ..	21	0	0
Reckitt, Sir James ... ..	12	12	0
Reckitt, George, Esq. ... ..	10	10	0
Reid, Peter, Esq. ... ..	5	5	0
Reiss, Julius, Esq. ... ..	20	0	0
Renner, Dr. ... ..	2	2	0
*Robartes, The Right Hon. Lord ... ..	21	0	0
Roe, Dr. ... ..	1	1	0
*Rube, W., Esq. ... ..	105	0	0
Sanderson, Sir I. Burdon, Bart., M.D., F.R.S. ...	2	2	0
Savill, Dr. ... ..	1	1	0
*Schenley, Mrs. ... ..	25	0	0
*Shiels, Thomas, Esq. ... ..	21	0	0
Shippard, Sir Sidney ... ..	2	2	0
Shuttleworth, Dr. ... ..	2	2	0
Sibley, Dr. W. Knowsley ... ..	1	1	0
Simon, Sir John ... ..	5	5	0
Simpson, Dr. Hampson ... ..	2	2	0
*Skinners, The Worshipful Company of ... ..	105	0	0
Smith, R., Esq. ... ..	5	5	0
Smithson, J., Esq. ... ..	2	2	0
Snape, Dr. ... ..	1	1	0
Spens. The Ven. Archdeacon ... ..	1	1	0
*Strathcona, The Right Hon. Lord ... ..	250	0	0
Sturrock, Colonel ... ..	3	0	0
Sworn, George H., Esq. ... ..	10	10	0
Symons, G. J., Esq., F.R.S. ... ..	2	2	0
*Taylor, John Haddon, Esq. ( <i>deceased</i> ), the estate of (per John Taylor, Esq.) ... ..	26	5	0
Taylor, Seymour, M.D. ... ..	2	2	0
Thompson, Sir H. M., Bart. ... ..	1	1	0
Thornhill, Colonel W. H. ... ..	1	1	0
Tuohy, Major, I.M.S. ... ..	1	1	0

					£	s.	d.
Vintners, The Worshipful Company of	...	...	...	...	10	10	0
*Wagner, L., Esq.	...	...	...	...	21	0	0
Walters, Dr.	...	...	...	...	1	1	0
Weber, Sir Hermann	...	...	...	...	10	10	0
*Weber, Dr. Parkes	...	...	...	...	21	0	0
Whait, J. R., M.B.	...	...	...	...	1	1	0
White, Dr. Shapland	...	...	...	...	5	5	0
*Williams, Dr. C. Theodore...	...	...	...	...	52	10	0
"	"	(Second	Donation)	...	500	0	0
Wilson, Brig.-Surgeon-Major	...	...	...	...	2	2	0
Wright, Miss F. C.	...	...	...	...	5	5	0

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## APPENDIX VII.

## LIST OF LIFE GOVERNORS.

THE FOLLOWING SUBSCRIBERS, IN VIRTUE OF A DONATION OF TWENTY GUINEAS OR MORE, HAVE BECOME LIFE GOVERNORS.

Tempest Anderson, M.D., M.B., B.S., 17, Stonegate, York.  
Right Hon. Lord Avebury, LL.D., F.R.S., High Elms, Farnborough, Kent.

Robert L. Bowles, M.D., F.R.C.P., 16, Upper Brook Street, W.  
Sir W. H. Broadbent, Bart., M.D., F.R.S., 84, Brook Street, W.

James Cantlie, M.B., F.R.C.S., 46, Devonshire Street, W.  
John Coles, Esq., 4, Kensington Park Gardens, W.  
Radcliffe Crocker, M.D., M.B., B.S., 121, Harley Street, W.  
Professor E. M. Crookshank, M.B., M.R.C.S., Saint Hill, East Grinstead, Sussex.

Thos. B. Crosby, M.D., F.R.C.S., 19, Gordon Square, W.C.

W. K. D'Arcy, Esq., 42, Grosvenor Square, W.  
A. Duncan, Esq., 7, Prince's Gate, S.W.  
J. Dundas Grant, M.D., 8, Upper Wimpole Street, W.

Reginald Harrison, F.R.C.S., 6, Lower Berkeley Street, W.  
Surgeon-General Harvey, C.B., East India United Service Club.  
Alfred Hillier, M.D., C.M., 30, Wimpole Street, W.  
Jonathan Hutchinson, LL.D., F.R.S., 15, Cavendish Square, W.

Right Hon. Lord Iveagh, 5, Grosvenor Place, W.

J. Hughlings Jackson, M.D., F.R.S., 3, Manchester Square, W.  
W. H. Jacobson, M.B., M.Ch., 66, Great Cumberland Place, W.  
S. B. Joel, Esq., 10, Austin Friars, E.C.

Edward Law, M.D., C.M., 35, Harley Street, W.  
The Worshipful Company of Leathersellers, St. Helen's Place, E.C.

J. Fletcher Little, M.B., M.R.C.P., 32, Harley Street, W.

Stephen Mackenzie, M.D., F.R.C.P., 18, Cavendish Square, W.  
Malcolm Morris, F.R.C.S., 8, Harley Street, W.

Edward Nettleship, F.R.C.S., 5, Wimpole Street, W.

George Oliver, M.D., F.R.C.P., 77, Wimpole Street, W.  
 W. Miller Ord, M.D., F.R.C.P., 37, Upper Brook Street, W.

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DISEASES OF THE TONGUE.

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Paralysis of the Tongue.

1. Drawing showing Paralytic Atrophy of right half of tongue, after destruction of the ninth nerve in the neck by a sloughing abscess, several years before.
2. Drawing showing recent paralysis of one half of tongue, following division of ninth nerve by wound.
- 3 Paralytic Atrophy of tongue. Mr. Fairlie Clarke.

Anatomical Peculiarities.

The Bifid Tongue. (By Burgess.) Mr. Fairlie Clarke.

The Tongue in Lichen planus.

Drawing showing symmetrical but unequal white patches on tongue in a case of Lichen planus. The tongue got quite well in two or three months. (See p. 211, Hutchinson's 'Clinical Lectures'.)

Drawing showing similar condition, from a similar case. (Mr. H.'s tongue.)

Drawing showing similar condition, but without eruption. (Mr. T.'s case.)



## Stomatitis and Thrush.

Drawing showing patches on the tongue and gums in acute ulcerative stomatitis of children.

Drawing showing eruption of Thrush on the gums, lips, and tongue, in a child.

## Sclerosis, Leucoma, &c.

Sclerosis of surface of tongue. So-called *Ichthyosis linguae*.—A portrait of the tongue of William H. (Mr. Fairlie Clarke's paper of 'Medico-Chirurgical Transactions,' vol. lvii. p. 163), showing dense white patches arranged symmetrically on the anterior two-thirds of the surface of the tongue. They are described as like the rough side of white kid leather. The patient was a butler, aged 46, who denied syphilis. It is said that the condition very much improved under iodide of mercury.

Mr. Fairlie Clarke's portrait of the tongue of William B., aged 63. "The whole of the dorsum of the tongue in its anterior part was covered by a thick white coating, wrinkled and corrugated." The white appearance extended round the sides of the organ to the under surface, almost as far as the phrenum, in milky-white patches. The same appearances were visible on the inside of both cheeks and both lips. No history of syphilis, and iodide of potassium had never done any good.

[No doubt a smoker's mouth.]

The tongue of a man, aged 42, showing a very large surface of white leather-like induration. The borders of the tongue and posterior part were bald and fissured. The condition had existed several years. The man was a smoker, and had many years before suffered from syphilis.

Sketch, without colour, showing rough spinous projections on a leucomatous patch (*Leucoma asperum*).

## Unilateral Hypertrophy, with Lymphangioma.

A drawing showing much enlargement of the left half of the tongue, with small nodular growths on its surface. These growths appear to pass over to the other side, but in reality the disease was confined to the left half. It began to develop in boyhood, and was probably congenital. It has remained stationary for some years, and the man is still living. Possibly of the nature of *Lymph-nævus*. (Mr. Hutchinson.)

## Lymphangioma.

Drawing showing a patch of Lymph-nævus (*Lupus lymphaticus*) in the posterior mid-dorsal region of the tongue of a girl of twelve. It was believed not to have been congenital, but had been present some years and was increasing. Microscopic examination showed lymph-cavities and dilated blood-vessels. (Mr. Hutchinson, Feb. 1889.)

## Microscopic Appearances.

From Mr. Fairlie Clarke (plate 4, *Med.-Chir. Trans.* vol. lvii.):—All the original drawings for the illustrations given in Mr. Fairlie Clarke's book. Some are of Normal Anatomy and others Pathological.

The following are from Mr. Butlin's paper (plate 4, *Med.-Chir. Trans.* vol. lxi.):—Microscopic Anatomy of the Smooth Tongue. Constituents of healthy Fur. Sections of Epidermis Fur on filiform papillæ. Portions of papillæ with fur upon them. Some results of cultivation from the fur on tongue. Four diagrams illustrating topography of tongue.

## Syphilis.

Drawing showing symmetrical eruption on the tongue in the secondary stage of syphilis. The patient had a papular eruption on his skin at the same time. His larynx also was slightly affected. He was quickly cured by mercury, and a year later not the slightest trace of the eruption could be recognized on his tongue.

Portrait showing the growth of white papillary warts in the posterior mid-dorsal region. From a man who was suffering from secondary syphilis.

A similar development of papillæ in the same region; from a child who was suffering from syphilis after vaccination.

A similar development of warts in the same region, during secondary syphilis.

These three drawings well illustrate the tendency to hypertrophic growth without inflammation, which sometimes occurs in constitutional syphilis.

A swollen tongue, with large patches and indentations; from a case of secondary syphilis in a late period. There were sores also on the lips.

Primary chancre near tip of tongue. (This and the six preceding presented by Mr. Hutchinson.)

Tongue much swollen, and showing large symmetrical ridges with deep furrows between them. From a case of syphilis in the

tertiary stage. The surface of the tongue is everywhere bald. (Mr. D.'s case.)

Syphilitic mucous tubercles under tip of tongue. (Burgess.) Fairlie Clarke.

Syphilitic nodule, single in posterior middle region. Fairlie Clarke. (See Clarke on Tongue.)

Bifid condition from syphilitic ulceration; Cancerous growths on left side. Two drawings, duplicate; one not coloured. (Eliza Pye, page 152.)

### Macro-glossia.

The face of a child, with the tongue protruded and so much swollen as to be irreducible. Prolapsus linguæ. The anterior half of the organ is abraded and crusted. (From Prof. Humphry's paper in Medico-Chir. Transactions.)

### Symptomatic Conditions.

The Scarlet-Fever tongue. Fairlie Clarke.

"Tongue of gastro-intestinal irritation." Fairlie Clarke.

A red, smooth, beefy tongue. (No. 6.)

### Furred Tongues.

A large flabby tongue, showing unusually deep and symmetrical sulci at its borders. There are eight on each side. From a gentleman of about 30. No special cause discovered, and no inconvenience caused.

The white flabby tongue of a spirit-drinker. It is somewhat swollen, and indented at its edges by the teeth.

The densely furred tongue of a patient who had suffered from an acute illness, and been for long confined to fluid food. The fur is beginning to break at the edges and tip, which are abnormally red.

### So-called Ringworm of the Tongue.

Sketch showing Ringworm of the tongue, single, abruptly margined patch on left side, in a child aged 4, in whom, with constant variations, it had been present from the earliest infancy—never two days alike. Syphilis very improbable. (Mr Hutchinson.)

Six wax casts showing Ringworm of the tongue in children, the subjects of congenital syphilis. Presented by Mons. Parrot to Mr. Hutchinson, and by him to the College Collection.

Portrait of the tongue of a lady, aged 33, in whom there was no suspicion of syphilis. It shows a very extensive ringworm condition on both sides. It had been present eighteen months, and was attributed to wearing artificial teeth. (This and the two following presented by Mr. Hutchinson.)

Tongue showing patches on both sides somewhat resembling the ringworm condition, but not closely. Deep indentations at the margins of the tongue, in association with great swellings of the upper lip. Chronic œdema. From a man aged 28, in whom the condition had been present some years. There was no general inflammation of the mouth; the state of the tongue was not explained, and caused but little inconvenience.

A condition of symmetrical sulci on the dorsum of the tongue, branching from a deep central furrow. Tongue somewhat swollen and red, with ill-marked white filmy patches near its tip. It was in association with chronic eczema on the lips. It caused no inconvenience. From a boy of 9. The so-called Fern-leaf pattern tongue.

### Cancer and Tumours.

Fatty tumour under tongue two inches in length (two drawings). Robert Adams, æt. 38. Mr. T. M. Arnott. See *Med. Gazette*, vol. xx. p. 558.

A tongue after removal, showing a cancerous ulcer in its left half.

The same tongue in section.

A tongue after removal, showing superficial cancerous ulceration in the middle of the dorsum, with extensive superficial leucomatous changes on its anterior two-thirds. Patient aged 60 at the time of operation, was living six years afterwards.

Drawing showing a large thin-walled cyst in the left half of the tongue, occupying its whole substance. It was congenital; and the child died after an operation for its removal.

Drawing showing large open epitheliomatous ulcer on right side of tongue, with extensive and dense leucomatous patches in front.

A tongue, the subject of extensive superficial sclerosis, in which, on the right half, a large fungiform growth had developed. From a man aged 62, a smoker, without history of syphilis.



A tongue bald over its whole surface, and showing extensive superficial leucomatous changes. Near its tip is a fungiform growth. This growth was excised, and an appended photograph shows the condition of the tongue several years later. The patient, a smoker, died of epithelial cancer.

A tongue very similar to the above, showing superficial sclerosis with large fungiform growth near the tip. From a coloured plate (? author).

Advanced cancerous ulceration. Mr. De Morgan's case. Drawing made by W. H. Flower, March 1856.

### A case of long-persisting Satellite Sores on the Tongue, near to a Primary Chancre.

(Coloured drawing.)

J. P., æt. 30. In the first instance there was a primary chancre near the tip of tongue. This healed and disappeared, but others afterwards developed near to it, in spite of more or less continuous treatment. There was a history of exposure six weeks before the sore appeared. No sore had been present on the penis. The sore on the tongue first presented the appearance of a raised patch, of greyish colour, indurated round the base, but not ulcerated. The glands in the neck were also enlarged. No roseola. The throat was sore for swallowing, but no ulcers were present. Under mercurial treatment the first sore disappeared in about six weeks, but almost immediately another sore showed itself on the corresponding spot on the opposite side. The sketch shows the condition of the tongue (on February 13th, 1890) after eleven months' continuous mercurial treatment, with only one week's intermission.

### A Syphilitic Sore resembling Cancer.

Professor Von Esmarch gives the following history in connection with this drawing:—A man, aged 76, admitted having contracted syphilis fifty-six years before—that is, at the age of 20; but denied ever having had any secondaries. Three months before his admission to the hospital he had had a foreign body in his larynx, and the root of the tongue had been injured by it. Soon after this occurrence the swelling formed, and ulceration took place. He was admitted into the hospital with the condition shown in the drawing. The glands under the jaw were enlarged, and the diagnosis was that of cancer. A portion having been cut away for microscopic examination, no malignant structure was found, but only a small-celled granulation-tissue. The ulcer was accordingly scraped with a sharp spoon, and vigorous treatment by iodide of potassium and inunction



of mercury was subsequently adopted. The result was that in a month the ulcer was soundly healed, and at the date of Professor Esmarch's publication there had been no return. The drawing shows an elevated and ulcerated growth on the dorsum of the tongue at its root. (Copied from Esmarch.)

### **Prolonged Life after a second Excision of Cancer of the Tongue.**

This drawing, which shows a characteristic section of epithelial cancerous structure ulcerated on its surface, and nearly half an inch thick, is of great value in reference to second operations. Another drawing (9 a) shows the appearances of the ulcer before the operation. They are from a patient who was under Professor Esmarch's care in Kiel, and of whom it is stated that the conditions shown were a return of cancer after an imperfect excision. On the second occasion the whole tongue up to the epiglottis was taken, and the patient lived ten years after without return, and ultimately died of apoplexy. (Copied from Esmarch.)

### **Tuberculoma of Tongue. (Esmarch.)**

A man, aged 56, who was the subject of phthisis, presented himself with his tongue in the condition shown in this portrait (fig. 5). Almost the whole of the left side of the tongue was involved in superficial ulceration, and presented in parts an unhealthy greyish surface. The condition had been present for six weeks. By the use of the thermo-cautery after scraping, healing was procured. The case is published by Professor Esmarch. (Copied from Esmarch.)

### **Tuberculoma of Tongue. (Esmarch.)**

Fig. 7, from Professor Esmarch's paper, shows an ulcer of the tip of the tongue which was diagnosed as tubercular. It had been ulcerated for ten weeks. The patient was a man of 71 years of age, and was otherwise in sound health. Excision of a wedge-shaped portion was practised, and good healing followed. (Copied from Esmarch.)

### **Tuberculoma of Tongue. (Esmarch.)**

Fig. 6, from Professor Esmarch's paper, illustrates another case of a tubercular ulcer on the tip of the tongue of an old man. It had been present seven weeks, and was attributed to the irritation of a sharp tooth. The patient was a man 78 years old. Extir-

pation of half of the tongue was practised, and healing followed in a fortnight. It had been diagnosed as an adenoma of the mucous glands of the tongue. (Copied from Esmarch.)

### Cancer of the Tongue, following the White-Paint Condition.

An artist, aged 49, a smoker, had had sclerosis of the tongue slowly advancing many years. The tongue had become bald, and characteristic white-paint patches were present. At length epithelioma developed, and the condition shown in the drawing resulted. A deep ulcer with bossy edges is seen on the right side of the posterior half of the tongue. The patient was sent by Mr. Hutchinson into the London Hospital, where the whole tongue was successfully removed by Mr. Treves. No return took place in or near the scar; but eight months later secondary enlargement of the glands on both sides of the neck occurred, which it was not deemed wise to interfere with. (J. H.)

### Furred Tongue of a Spirit-Drinker.

The tongue shows a coating of white fur over the whole surface through which some of the papillæ are seen; it is flabby and slightly œdematous, and shows the indentations of the teeth at its edges. It may be taken as a good illustration of the tongue of a person out of tone, having no appetite, and living only on fluids. It is a condition by no means confined to spirit-drinkers. (J. H.)

### Tongue in the Secondary State of Syphilis.

The portrait shows considerable swelling of the whole organ, but especially of the edge on the right side, where there is some overgrowth. There is considerable papillary growth on the dorsal surface near the root, forming deep sulci. In front of these are abruptly margined patches, where the papillæ have been removed. The patient had at the same time many patches of abrasion on his lips. It was about nine months after his syphilis. (J. H.)

### Ringworm of the Tongue, with Solid Œdema of the Lips.

The tongue represented is that of a Russian Jew, aged 28, who applied for treatment on account of his swollen lip. It had long been the subject of chronic œdema and hypertrophy. The adjacent parts of his lips were also thickened. He suffered much from the cold, and was in feeble health. Neither his tongue nor his lip were in the least sore, and he did not know that there was anything

amiss with his tongue. He had never had syphilis. The sketch shows a swollen tongue, with irregularly margined patches at the side, where the papillæ had been wholly or in part removed. The conditions varied from time to time, but not with any great rapidity. (J. H.)

**"Ringworm of the Tongue."** (A Patient of Dr. Emerson's, of Wantage. November 24th, 1884.)

This portrait shows, in a somewhat exaggerated degree, the state of the tongue of Miss Williams, aged 33. She had noticed the patches on the sides of the tongue for eighteen months or more, and had been under medical care for it for six months. Crescentic patches, partially bald and quite without fur, formed on each side and spread towards the middle of the dorsum, but never reached it. These patches varied much in size from day to day. In some parts there was evidence that one patch had encroached on another, linear curved bars of fur being left.

The tongue was sore only where irritants, such as fruit-juice, were taken into the mouth; at other times it gave no inconvenience.

Miss W. had noticed that in the morning, before breakfast, her tongue was covered with white streaks, and then disappeared to a large extent after taking food, leaving the surface a bright scarlet. There was no reason to suspect syphilis. Miss W. had worn artificial teeth for a year or more before the tongue became sore. On the advice of her medical man she had gone without her teeth for three weeks, but with no advantage to the tongue. I could find no local cause.

March 1st, 1889, Dr. Emerson reports, "Not a spot to be seen now on the tongue. A spot comes now and then."

## PORTRAITS TAKEN FROM AUVERT'S ATLAS.

### A Large Osteo-Sarcoma of the Lower Jaw.

PLATES 61, 62, and 64. fig. 1\*.

From a peasant girl, aged 20, who ten years before had noticed a small hard, painless tumour on the outer surface of the alveolar process of the right lower jaw, opposite the molar teeth. The tumour had grown very slowly, but as time went on it had caused great

\* These and the following to page are descriptions of plates taken from AUVERT'S volume of Illustrations.



deformity of the face, and interfered with speech and mastication. Latterly the patient had suffered much pain in it. On admission, the tumour was the size of a foetal head, situated on the right lower jaw, and extended from the temporo-maxillary joint to the second molar tooth on the opposite side. Internally, it projected into the mouth, displaced the lips, and prevented eating or mastication. It had destroyed the alveolar process of the jaw, was hard and elastic to the touch, and the teeth were irregularly fixed into it.

After consultation, and at the earnest request of the patient, an operation for the removal of the tumour was undertaken. The ascending ramus of the lower jaw on the right side, a little below the temporo-maxillary joint, was divided, and the bone was also cut in the median line; by which means the affected portion bearing the tumour was removed. Within a month of the operation the wound was perfectly healed, and the patient was able to swallow soft foods, and had gained in strength.

*Examination of the Tumour.*—The mass removed was about the size of an adult fist, and included three-fourths of the lower jaw. The tumour was of a globular shape, and appeared to take origin from the external surface of the bone, the internal plate of the bone remaining unaltered. A section of the tumour showed that it was composed of a thin bony shell enclosing a hard fibro-cartilaginous substance, with here and there centres of softening. The whole mass weighed about two pounds; the bony substance where the jaw was divided with the saw appeared to be quite normal.

### Encephaloid Tumour of the Right Subclavicular Region.

PLATES 63, and 64. fig. 2.

From a clergyman, aged 26, whose illness began with fever of a typhoid character, followed by abscesses in each axilla. A small swelling was then noticed in the right subclavicular region, but as it gave no pain it was neglected. Two years later the tumour had much increased in size, and caused painful sensations down the nerves of the arm, as well as interfered with its mobility. For some months local treatment was adopted, but without avail, as the tumour continued to enlarge, and the patient became exhausted by the continual pain.

On admission to hospital there was a pyriform swelling, the size of an adult fist, measuring nine by six inches, and extending from the right clavicle to a little below the right nipple. It was fixed to the subjacent structures, and there was indistinct pulsation in it. A *bruit de diable* could be detected in the subclavian artery, as if from compression by the tumour. The right upper extremity was wasted, and the radial pulse was much weaker than on the left side. After due consultation, and the gravity of an operation having been explained to the patient, it was decided to attempt the removal of the tumour. At the operation the growth was found

to be firmly adherent to the pectoralis major, and was with difficulty separated from the subclavian vessels. After removal, the tumour weighed two pounds, and consisted of many lobes, held together by a strong capsule. On section, it was firm in some parts, and in other parts it was very soft like brain-matter.

A month after the operation the wound was quite healed, and the patient left the hospital in excellent health. But scarcely four months later there was a recurrence of the growth in the cicatrix, and rapid ulceration; the patient became feverish, with rapid breathing, dry cough, and diminution of respiratory murmur at the apex of the right lung. He also frequently suffered from diarrhoea which, together with the pyrexia and constant pain, produced great exhaustion, and finally caused his death. A post-mortem examination was not permitted.

## A Fungoid Tumour of the Dura Mater.

PLATES 65 and 66.

From a peasant woman, aged 35, who ten years previously had received a violent blow on the right side of the head, but for a long time experienced no ill-effects from it. Her present illness began with severe headache at the spot previously injured, and soon after a swelling was noticed there, which was soft and pulsatile. About four years before her death the patient was knocked down by a cart, and from that time the swelling enlarged rapidly, causing persistent headache, insomnia, frequent vomiting, and progressive exhaustion. Having fallen into the hands of a quack, the tumour was incised under the suspicion that it was a cyst, and with the result that there was very free hæmorrhage which was with difficulty staunched. The wound never healed, and the tumour fungated, giving rise to an abundant, foetid, sanguineous discharge.

On admission to the hospital there was an enormous tumour, the size of an adult head, situated on the right side of the skull; it was ulcerated and sloughy, bleeding readily, and exceedingly painful. A bony margin could be easily felt through the skin, pointing to destruction of the skull by the tumour. The patient was much emaciated, and there was weakness of the left extremities, but the mental faculties remained clear. She lingered in this condition for six weeks, the limbs on the left side appearing to be paralysed, though frequently attacked with clonic spasms. She was quite conscious up to the time of death.

*Autopsy.*—On examination of the head an extensive destruction of the skull was found, due to the pressure of a tumour springing from the dura mater. This area measured about four inches in diameter. On section the tumour was composed of bundles of fibres, which cut hard, and were of a glistening pearly colour. The dura mater was firmly adherent to the membranes covering that part of the right hemisphere which corresponded to the base of the tumour,



and the convolutions were wanting at that spot. The right lateral ventricle was very small from the pressure of the tumour. The kidneys were stuffed with yellowish granules.

### White Softening of the Right Cerebral Hemisphere.

PLATE 67. fig. 2.

From a widow, aged 68, who had been frequently troubled with attacks of articular rheumatism. Her present illness began with fever, thirst, dry tongue, rapid pulse and respiration, and great bodily weakness. She also complained of a sense of weight in the head, of pains in the right side, tinnitus, and of insomnia. On the fifth day these symptoms were much worse, and there was very severe headache on the right side. From this time she passed into a condition of muttering delirium, attend with tonic contraction of the left extremities, and she died comatose on the tenth day of her illness.

*Autopsy.*—The dura mater was with difficulty separated from the calvarium, the arachnoid was marked with scattered yellowish patches, and the pia mater was very firmly adherent to the brain-substance. The upper part of the right cerebral hemisphere showed an extensive softening of the convolutions, so that the cortical substance was very easily washed away from the surrounding healthy parts by a stream of water, over an area an inch and a half in diameter. The cerebral ventricles were filled with thin fluid. The kidneys were wasted, shrivelled, and harder than normal.

[N.B.—The patch of softening occupies the upper part of the motor area in the parietal lobe of the right cerebral hemisphere.—Tr.]

### Red Softening of the Right Optic Thalamus and Corpus Striatum.

PLATE 68. fig. 1.

From a man aged 56, of a strong constitution, but troubled with bleeding piles, and headache on the right side. After a heavy supper he was suddenly taken in a fit, and on recovering his consciousness, some symptoms of glossoplegia and left hemiplegia were observed; these subsequently disappeared, leaving intense right hemicrania. On the second day after the attack, he was found in a feverish state, with almost complete loss of power in the left limbs; and from that time till his death on the seventh day, he sank into a typhoid condition, with dry brown tongue, semiconsciousness passing into coma, relaxation of sphincters, and rapid pulse.

*Autopsy.*—The right optic thalamus and corpus striatum showed marked softening, of a reddish colour as if due to a mixture of blood and broken down brain-substance. After washing this away

with a stream of water, a considerable cavity was left, having firm, irregular walls. There was much atheroma of the aortic valves, the liver was enlarged, and in the calyces of the kidney there was some dark purulent material.

### Cerebral Softening.

#### PLATE 67. fig. 1.

From a peasant man, aged 40, who having been exposed to a very hot sunshine, fell down unconscious. He was addicted to the abuse of spirits, and when the fit had passed off, he resumed his former vices: For a year after the above occurrence, he was troubled with right-sided headache, great mental depression, giddiness, and palpitation of the heart, which ended in a second fit of unconsciousness lasting half an hour. This was followed by great weakness of the left extremities, and some months later, in consequence of his drinking, the left side became completely paralysed. He also suffered frequently from epileptiform convulsions, and on this account was brought to the hospital. On admission there was left hemiplegia, the limbs were contracted and wasted; and when forcibly extended they caused great pain. The patient was very weak both in body and mind, and the pulse was rapid and irregular. A month later violent clonic spasms were observed in both the paralysed limbs, which spread over the whole body as epileptiform convulsions. Three of these attacks occurred during two months, each attack leaving him much weaker, and he finally died comatose.

*Autopsy.*—The membranes covering the posterior part of the middle lobe of the right cerebral hemisphere were injected, and adherent to the subjacent brain-matter. At this spot an excavation of the periphery of the brain was found, which measured an inch and a quarter by three quarters of an inch, and was irregularly bounded. The floor of this excavation was composed of detritus of cellular tissue, and the cavity contained yellowish liquid; the surrounding convolutions were indistinct, depressed, and much softened. The membranes of the spinal cord were injected, and the cervical portion of the cord was softened. Liver and spleen enlarged; kidneys yellowish, and their surfaces marked with deep grooves bearing a certain resemblance to the appearances met with in Bright's disease.

### Superficial Hæmorrhage affecting the Convolutions of the Anterior Lobe of the Left Cerebral Hemisphere.

#### PLATE 68. fig. 2.

From a woman, aged 25, who on the sixth day after her first confinement showed signs of peritonitis with a fœtid discharge

from the vagina, and enlargement and tenderness of the uterus on digital examination. She rapidly became worse, was very feverish, and constantly kept her hand to the left side of her head, complaining of severe pain there, and of a sense of deadness in the right limbs. The headache increased, being always on the left side, and involuntary convulsive movements were noticed in the right limbs; the lower jaw also became firmly contracted. From this time she rapidly passed into a typhoid condition, and died comatose.

*Autopsy.*—The membranes covering the external surface of the anterior lobe of the left cerebral hemisphere were intensely injected and infiltrated with blood, and the subjacent convolutions were covered with a thin layer of extravasated blood, which did not extend into the substance of the brain. The bases of the lungs were much congested, and there were large vegetations on the mitral valve. The peritoneum was red and injected, there were pyæmic abscesses in the liver, and the spleen was enlarged and diffuent. The surface of each kidney was yellowish, and marked with deep fissures. The uterus contained dark foetid material, and the uterine veins were filled with purulent liquid. Phlebitis and thrombosis had extended to the iliac veins.

### **Hæmorrhage between the Convolutions of the Posterior Lobe of the Left Cerebral Hemisphere.**

PLATE 69. fig. 2.

From a robust soldier, aged 55, who, after taking a hot bath, fell down suddenly in a state of unconsciousness. When examined, he was found to have complete right hemiplegia and loss of sensation, and there were signs of pneumonia. He rapidly became worse, convulsive movements were noticed in the right limbs, and the respiration was much impeded. He died a few days later.

*Autopsy.*—In the posterior lobe of the left hemisphere beneath the cerebral gyri there was a cavity the size of a nut, filled with recent blood-clot and surrounded with softened brain-matter. The convolutions were raised up and separated by it. The remainder of the brain was normal; but the membranes were much injected.

[N.B.—The account of the autopsy is not clear, but it seems probable that there was a hæmorrhage near the cortex of the brain which burst through a sulcus, and so reached the surface of the brain.—TR.]

### **Capillary Hæmorrhage into the Left Cerebral Hemisphere.**

PLATE 69. fig. 1.

From a man, aged 45, whose illness began with pyrexia of an intermittent type, attended with shiverings, precordial pain, and



twitchings in the muscles of the right limbs. Not many days after the onset of these symptoms he fell down suddenly in a fit, and was found to be unconscious, breathing stertorously, and muscles relaxed. Two hours later it was noted that there was lividity of the face, divergent strabismus, right facial paralysis, and stiffness of the lower jaw; there were constant movements of the left extremities, but complete paralysis of the right, and profound coma. He never recovered from these symptoms, and death occurred eighteen hours after the fit.

*Autopsy.*—The membranes of the brain were markedly injected, and in the left centrum ovale minus there was an extensive patch marked with very numerous aggregated hæmorrhagic points, the medullary substance appearing as if scattered with sand. This reddening penetrated almost to the lateral ventricle on that side, each successive section of brain-matter showing the same sand-like appearance. Other parts of the brain were normal.

### Double Cerebral Hæmorrhage on the left side.

PLATE 70. fig. 1.

From a man, aged 60, who in a severe fit of sneezing was seized with giddiness, lost consciousness, and fell to the ground. When seen two days afterwards, he was in the same condition of unconsciousness, the conjunctivæ were insensitive, there was right facial paralysis, and the limbs on the right side were entirely relaxed and did not feel the pricking of a pin. When the left limbs were pinched, they moved irregularly. Respiration was rapid and stertorous, and any attempt at feeding the patient caused symptoms of suffocation. He died a few hours later.

*Autopsy.*—The membranes of the brain were much injected, especially over the left cerebral hemisphere. On section, two hæmorrhages were found in the brain-substance, one the size of a pea in the posterior lobe of the left hemisphere, and the other larger, about the size of a walnut, in the centrum ovale minus of the same side. The adjacent brain-matter was softened, and marked with spots of blood.

### Hæmorrhage into the Anterior Cornu of the Left Lateral Ventricle.

PLATE 70. fig. 2.

From a robust soldier, aged 55, who, while exposed to the heat of a midsummer sun, suddenly fell down in a fit. He was found unconscious, breathing stertorously, chiefly with his diaphragm, and blowing out the cheeks with each expiration. Nothing would rouse him from the profound coma in which he lay, and three hours after the onset of the attack he died.

*Autopsy.*—A transverse section of the brain revealed a clot of

blood in the anterior cornu of the left lateral ventricle, and there was softening of the adjacent portions of the optic thalamus and corpus striatum.

### Hæmorrhage into the Right Optic Thalamus.

PLATE 71. fig. 2.

From a man, aged 66, who for some time had been troubled with attacks of headache. He continued his work until on one occasion he suddenly became giddy, lost consciousness, and fell to the ground. On coming to himself he found that his left limbs were completely paralysed, and there was some weakness of the left side of the face. When examined, the left limbs appeared insensitve, for they did not react to pinching or pricking; but his mind was quite clear. Three months after the attack, he caught typhoid fever, and died on the eleventh day, the left hemiplegia having persisted throughout this interval.

*Autopsy.*—There was a large quantity of fluid in the ventricles. In the right optic thalamus (close to the internal capsule, Tr.) a cavity the size of a large bean was found; it was lined with tissue like serous membrane, and contained yellow, partially decolorized blood clot. The surrounding brain-substance was denser than normal, and of a yellowish tinge.

### Hæmorrhage into the Right Corpus Striatum.

PLATE 71. fig. 1.

From a woman, aged 50, who had suffered much from dyspepsia and giddiness, and whose illness began with a sudden fit of unconsciousness, in which she fell to the ground. On recovering consciousness she was found to have left hemiplegia and left facial paralysis, and the skin appeared to be anæsthetic on that side. On the fifth day sensation returned in the leg, and some days later motion was restored to it; but the left arm remained completely paralysed. Whilst in this condition the patient was attacked with an epidemic fever prevailing at that time, and of this she died on the thirteenth day.

*Autopsy.*—There was marked wasting of the convolutions of the cerebral hemispheres, and on section a hæmorrhage the size of a nut was found in the right corpus striatum, surrounded with a red zone of softened brain-substance. Liver enlarged and hard; spleen wasted and softened.

### Hæmorrhage on the Right Side of the Pons Varolii.

PLATE 72.

From a man; aged 40, of irritable temperament, who frequently



suffered from giddiness and bleeding piles. About a month previous to admission, after an outbreak of temper, he was attacked with pain in the right side of the head, which rapidly grew worse, and was accompanied with severe prostration, sleeplessness, and nervous irritability, for which he sought relief in intemperance. Soon after, while at work, he fell down in a fit of unconsciousness, and on recovering his senses he was found to be paralysed on the left side. On examination there was paralysis and insensibility of the left limbs, difficulty of speech, headache, and some mental failure. A few days later, in spite of treatment, his condition was much worse; the pupils were contracted, eyes fixed, marked trismus, and relaxation of the sphincters. He passed into a state of profound coma, and speedily sank.

*Autopsy.*—The membranes of the brain were injected, and there was a moderate quantity of fluid in the ventricles. The base of the brain showed a hæmorrhagic focus, the size of a large pea, situated on the right side of the pons Varolii, near the basilar artery. It was surrounded with a broad red zone, and the adjacent cerebral substance was distinctly softened.

### A Linear Cicatrix in the Left Centrum Ovale Minus.

PLATE 73. fig. 1.

From a man, aged 65, who had enjoyed good health until four years ago, when he gave himself up to debauchery and alcoholic excess. His present illness began with an attack of cerebral congestion due to exposure when intoxicated, and accompanied with giddiness and unconsciousness. On recovery from the attack, he noticed weakness and loss of feeling in the right limbs. A year afterwards he was no better; he suffered severely from left hemicrania, was very irritable, and had attacks of violent convulsions on the left side, with spastic contractions of the right hand and foot. Gradually his mind failed, his face wore an idiotic expression, and he vegetated thus for the space of a year. Ultimately he sank into a typhoid condition, with muttering delirium, which proved fatal in the course of a few days.

*Autopsy.*—A yellowish cicatrix, an inch in length, was found in the left centrum ovale minus. It was hard, and showed in the middle the remains of a fissure, which, on careful examination, proved to be the remains of an old hæmorrhagic focus, the walls of which, by absorption of the contents, had become approximated and indurated. The brain-substance around this spot was softened.

### White Nodules in the Right Corpus striatum.

PLATE 73. fig. 2.

From a woman, aged 67, the mother of a large family, though of weak constitution. Ten years ago, after a severe blow on the head,

she began to suffer from severe headache, and oftentimes with right hemicrania lasting for days together. These attacks, when at the height of their severity, always caused repeated vomiting, and left the patient much exhausted. Three years later, during one of these attacks, she became unconscious, and hemiplegic on the left side. By degrees, after an interval of some months, the condition of the paralysed side improved, the movement of the foot began to return, and the hand when irritated trembled all over. Some difficulty in speech, which was noticed at first, entirely disappeared; and at length she was able to get about by dragging the left leg. The left arm became contracted at the elbow-joint. Two years ago she was suddenly taken in a fit of unconsciousness, with noisy respiration, convulsions of the right side, and foaming at the mouth. These fits recurred three or four times in the space of a few months, on each occasion causing great exhaustion of body and mind; and at length the patient showed symptoms of mental failure, and sank into a typhoid condition. On examination she was lying like a helpless mass in her bed; there was absolute immobility, and very imperfect sensation on the left side of the body, and involuntary movement on the right side. The pupils were dilated, and inactive to light. In spite of the greatest care and attention a gangrenous bed-sore appeared over the sacrum; it rapidly extended, and the patient died in a comatose condition.

*Autopsy.*—In the right corpus striatum, in the neighbourhood of the optic thalamus on that side, there were several hard nodules scattered about, some of them eight lines across. They penetrated deeply into the substance of the corpus striatum in such a way as to include a spheroidal fibrous mass, which appeared to be the remnant of an old cerebral hæmorrhage. Liver, spleen, and kidneys suffused with blood and very friable.

## Tuberculous Nodules in the Brain.

### PLATE 74.

From a man, aged 30, of strumous constitution, who had suffered from childhood with a pustular eruption on the scalp and face. At the age of 20 he caught a cold, which was followed by otorrhœa on the right side, lasting for several years; subsequently he developed a cough, with fever, pains in the chest, and dyspnœa. These symptoms improved during the summer months; but as the winter came on the cough returned and he was troubled with severe hæmoptysis, which ultimately recurred on the least exertion. The cough continued, and the patient became so weak that he could scarcely move. Moreover, he complained of persistent headache at the top of the head, which often ended in vomiting, and he became exceedingly irritable in temper. On examination cavernous rhonchi and pectoriloquy were found at the apex of the right lung and deficient respiratory murmurs in other parts, with dulness on

percussion. The abdomen was tense, and there were signs of peritoneal effusion. The headache was constant, hearing and sight were impaired and there were convulsions of the extremities, particularly on the left side. A few days later he passed into a typhoid state, with muttering delirium, and died comatose.

*Autopsy.*—On cutting into the brain, in the right centrum ovale minus, a tumour was found the size of a marble, yellowish in colour, hard, and composed of a substance not unlike cheese. Scattered nodules, similar in structure and of various sizes, were found in the neighbourhood of the tumour as well as in the opposite cerebral hemisphere. Both lungs were stuffed with tubercles, and at the right apex there was a large cavity filled with pus. Liver enlarged, with scattered tubercles on its convexity. Cortical substance of the kidneys yellowish and granular as in Bright's disease; it also contained a number of cysts.

### Fracture of the Posterior Arch of the Atlas.

PLATE 77. fig. 1.

From a labourer, aged 45, who fell from a height whilst at work and struck the back of his head violently against the ground. He was found unconscious, breathing very feebly, his whole body stiff like a corpse, and dirty from involuntary micturition and defæcation. The upper part of the neck close to the occiput showed an extensive excoriation and ecchymosis. In spite of active treatment the pulse continued feeble, the surface of the body was cold, the face became livid, and the patient soon died.

*Autopsy.*—On careful palpation of the back of the neck an obscure feeling of crepitus was elicited. A section through the soft parts in the cervical region behind showed extensive infiltration with blood. The posterior arch of the atlas was broken off from the lateral masses, and the right extremity of the arch protruded into the spinal canal. On opening the spinal canal the dura mater opposite the fracture was found deeply depressed by the end of the broken bone, and there was a mark on the spinal cord surrounded by a broad red zone. The adjacent membranes were ecchymosed, but there was no sign of laceration or destruction of the proper substance of the spinal cord. The convex surface of the liver showed many ecchymoses.

### Fracture of the Anterior Arch of the Atlas.

PLATE 77. fig. 2.

A countryman, 35 years of age, of strumous constitution, while engaged in a pugilistic encounter was struck violently on the forehead with the fist, and fell to the ground on the back of his head, as if struck by lightning. He was quite powerless, the whole body quivered for a minute, and he was dead.



*Autopsy.*—There was a large bruise on the forehead, and much blood extravasated into the tissues at the side of the neck; but nothing could be made out by palpation. On removing the posterior part of the spinal canal the dura mater in the neighbourhood of the foramen magnum was found to be extensively ecchymosed, and on taking out the spinal cord the anterior arch of the atlas was seen to be entirely separated from its lateral masses and to have exerted strong pressure on the dura mater. The membranes were ecchymosed, and the substance of the cord was to a certain degree softened.

### Fracture of the Axis.

PLATE 77. fig. 3.

From an old soldier, aged 60, whose constitution had been ruined by syphilis. He was unexpectedly attacked from behind, and quickly turning his head to one side he fell down dead.

*Autopsy.*—On opening the spinal canal the dura mater opposite the axis was found to be bruised, and the membranes were infiltrated with blood. There was a fracture of the axis passing through the line of junction of the pedicles with the body and superior articular processes of that vertebra, and the spinal cord was compressed.

### Fracture of the Fourth Cervical Vertebra.

PLATE 77. fig. 4.

A labourer, aged 30, engaged in excavation, was struck on the back by falling earth, and when extricated it was found that he had lost the use of his limbs, but was quite conscious. On admission to a hospital he was collapsed, respiration was abdominal, pulse rapid and irregular, sphincters relaxed, and complete paralysis of the limbs and chest-wall. There was extensive bruising, reaching from the neck to the middle of the back, and about opposite the sixth cervical vertebra there was crepitus on pressure. The difficulty in breathing increased, the pulse became weaker, and towards evening of the same day he died.

*Autopsy.*—On opening the spinal canal there was marked bruising of the dura mater opposite the seat of fracture, and the membranes of the cord itself were similarly affected. The body and arch of the fourth cervical vertebra were fractured, and the spinal cord at this spot was compressed by the displaced fragments of bone.

### Hæmorrhage into the Spinal Canal.

PLATE 78. fig. 2.

A baker, aged 30, was struck in the middle of the back by the

slipping of a sack of flour, and he fell to the ground. He did not lose consciousness, but could not use his legs. On admission to a hospital three days after the accident he was breathing slowly and with difficulty, the chest-wall did not move, and both the lower extremities were paralysed. Beyond ecchymoses there were no signs of injury to the spine, but the patient complained of great difficulty in swallowing and of a sense of constriction round the region of the diaphragm. Palpation of the hypogastric and epigastric areas caused nausea and vomiting. The pulse was rapid and irregular; sensation and mental functions were undisturbed. On the sixth day after the accident all the symptoms were much worse, the breathing was stertorous and very laboured, but he was quite conscious up to the time of death.

*Autopsy.*—The spinal canal contained a very large extravasation of blood, extending from the third dorsal to the third lumbar vertebra. It occupied the posterior portion of the spinal canal, and was firmly adherent to the membranes of the spinal cord. The latter, throughout the whole extent of the hæmorrhage, was to a certain degree softened and of a reddish colour. The subdural space contained much blood-stained fluid. Thus the symptoms appeared to be due to the severe compression of the posterior surface of the dura mater by the blood-clot which filled up the spinal canal within the limits above mentioned.

### A Foreign Body in the Œsophagus. Perforation of the Left Common Carotid Artery.

#### PLATE 83.

From a youth, aged 24, who accidentally swallowed the dorsal scutum of a Sturgeon (*Acipenser*), and immediately suffered great pain in breathing and deglutition. The dyspnœa became so severe that at the end of an hour suffocation was imminent. Emetics having failed to give relief, an instrument was passed into the œsophagus, which caused a pricking pain but rendered the breathing easier. The following morning the patient found it impossible to swallow the saliva which collected in the mouth, and the same day an attempt to partake of some soft food excited a cough and a flow of bright blood from the mouth. He was admitted into a hospital the next day, when he complained of pain on the left side of the thyroid cartilage. There was some swelling at this spot, and palpation caused pain on breathing and a spasmodic cough. The dysphagia continued, and every attempt at swallowing food excited arterial bleeding from the mouth. The patient became very exhausted, and died on the twelfth day after admission during a sudden and profuse hæmorrhage.

*Autopsy.*—The dorsal scutum of a sturgeon was found impacted in the left wall of the œsophagus opposite the lower border of the thyroid cartilage, and it had perforated the left common carotid



artery half an inch from the origin of the superior thyroid artery. The surrounding tissues were infiltrated with blood, and the stomach and small intestines contained a large quantity of altered blood.

### **A Foreign Body in the Œsophagus. Perforation of the Arch of the Aorta.**

#### **PLATE 84.**

From a girl, aged 20, who accidentally swallowed the dorsal scutum of a fish (*Acipenser*). This was followed by dysphagia, a feeling of suffocation, and pricking pains in the neck about opposite the left sterno-clavicular joint. As the difficulty of breathing became worse, an instrument was passed down the œsophagus, and it was supposed that the foreign body had been thrust into the stomach; but on the removal of the instrument there was hæmorrhage from the mouth, and the patient complained of very severe pain in the throat. The next day, on attempting to swallow some soft food, there was a second attack of hæmorrhage, and for a whole week any attempt at swallowing caused a greater or less loss of blood. The patient was much exhausted by the repeated hæmorrhages, and died on the tenth day from a copious and prolonged flow of blood from the mouth.

*Autopsy.*—On removing the sternum and front of the chest a large extravasation of blood was found in the lower part of the neck, pushing aside the trachea and compressing the apex of the left lung. When the œsophagus was opened, the “fin” of the fish was found impacted in its wall about opposite the bifurcation of the trachea (see fig. 1), and the surrounding tissues were much softened and inflamed. Further examination showed that the point of the “fin” had perforated the posterior wall of the arch of the aorta about seven lines from the origin of the left subclavian artery. The perforated spot is shown in fig. 2. The lungs were compressed by blood extravasated into the mediastinum.

### **Hydatid in the Posterior Cornu of the Right Lateral Ventricle.**

#### **PLATE 75. fig. 1.**

The patient was a youth, 17 years of age, of weak constitution, who during the earlier years of life was much troubled with Oxyurides. At the age of 12 he began to suffer from swimming sensations in the head. Some months later he had severe attacks of hemicrania on the right side, followed by vomiting, which afforded some relief. His health failed, the muscles felt flabby, and he was exceedingly irritable in temper; when excited there was very often involuntary twitchings on the left side. When in

his fifteenth year, whilst walking, he fell down suddenly in a fit, during which he was unconscious; and after this had passed off, he complained of some weakness of the left side. From that time he became weaker in body and mind, and was at length confined to his bed. When the patient came under my observation I found him dull and stupid, vision very imperfect, the dimness being chiefly of the left eye, the pupil of which was dilated and inactive to light; there was also nystagmus. He complained of constant right hemicrania, feebleness of the left limbs, and drowsiness; he frequently vomited after food, bowels always confined, pulse 60. A fortnight later he began to suffer from true epileptic fits, which were very frequently repeated. Each fit lasted three minutes, and was attended with complete unconsciousness, relaxation of the sphincters, and spasmodic movements of the left side. All treatment failed, death occurring during one of these attacks.

*Autopsy.*—The meningeal vessels were full of blood, and the pia mater was with much difficulty separated from the surface of the brain. The brain itself was firmer than normal. The lateral ventricles contained a quantity of turbid liquid, and in the posterior cornu on the right side was a hydatid, the size of a pigeon's egg, rather firmly attached to the subjacent plexus. There was no sign of tubercle anywhere. The liver and kidneys were enlarged, the latter containing yellowish nodules scattered here and there.

### **Abscess on the Under Surface of the Right Cerebellar Hemisphere, close to the Petrous Portion of the Temporal Bone.**

PLATE 75, fig. 2.

The patient was a man, aged 37, who had always enjoyed good health. A fortnight before admission he was exposed to great heat and cold in a bath, and this was followed by stiffness of the neck and troublesome buzzing in the ears; but these symptoms did not at first interfere with his occupation. Soon, however, he had violent headaches, and his mental condition was peculiar, so that he seemed to have no desire to move, though his limbs were not wanting in power. On examination I observed that his face was pale, his eyelids closed, pupils active to light, tongue coated, bowels confined, skin hot and dry, appetite bad, respiration normal, pulse 85, hard. There was very severe headache, especially in the occipital region, which prevented sleep and caused him to lie on his belly to avoid pressure on the back of the head. By active medical treatment the patient was relieved of his pain, and he began to hope for a speedy recovery. But in a short time the pains returned, affecting chiefly the base of the head on the right side. He was feverish, sleepless, and had constant twitchings of the facial muscles, but no paralytic symptoms in the trunks. He answered questions slowly but rationally. For another short

space of time he experienced some relief, but the headache soon returned, with giddiness and utter prostration of the body, and he died comatose.

*Autopsy.*—The dura mater was intensely injected, and the sinuses were full of blood. The lateral ventricles were filled with turbid serum, and there was a collection of similar fluid at the base of the skull. The cerebellum was injected, and on section a large purulent focus was found on the under surface of the right hemisphere, which was near the petrous bone, but had not opened into the cranial cavity. The substance of the cerebellum in the neighbourhood of the collection of thick greenish pus was clearly softened. Spinal cord normal. Spleen soft, and its surface marked with scattered deposits of “tubercular” material. Kidneys enlarged and deeply fissured, and their yellowish cortical substance was sprinkled with very small granules.

### **Hæmorrhage into the Right Hemisphere and Median Lobe of the Cerebellum.**

PLATE 76. fig. 1.

From a widow, aged 54, who had always enjoyed good health, and was the mother of a large family. For some time past she had been troubled with headache and giddiness, which latterly had become worse, until she was suddenly attacked in the midst of her work with vertigo, nausea, and weakness, and speedily became unconscious. When I saw the patient she was quite comatose, breathing stertorously, pupils dilated and inactive, divergent strabismus, and weak irregular pulse. In spite of active treatment the patient scarcely showed any signs of improvement, and finally died in this condition.

*Autopsy.*—The cerebellum was larger than normal, and on section, in the middle of the right hemisphere, as well as in the vermiform process, a very large hæmorrhage was found, consisting of black clot surrounded by a reddish zone of partially softened brain-substance. The kidneys were hard and congested, and the left side of the heart hypertrophied. The uterus, ovaries, and Fallopian tubes were markedly congested.

### **Tubercles of various sizes situated on the Upper Surface of the Cerebellar Hemisphere.**

PLATE 76. fig. 2.

From a young man, aged 19, of strumous constitution, who caught cold about two years ago and subsequently developed a cough accompanied with wandering pains in the chest, dyspnœa, and inability to lie on the left side. There was also wasting and



febrile symptoms. Under careful treatment he very greatly improved and gained flesh; but the relief was of short duration, for he became affected with pains in the head, chiefly in the occipital region and upper part of the neck. These attacks of headache were periodic in their onset, and as they became more severe, vomiting, diplopia, and very painful spasmodic contractions of the limbs were observed. When I examined the patient, there was marked diminution of the respiratory murmur at the apex of the right lung and over the posterior lobe, decided emaciation and weakness, spasmodic contractions in the limbs, as well as irritability of temper. The onset of the attacks of headache was followed by vomiting and spasms in the limbs, which rendered the patient apparently unconscious; and he was then observed to make attempts at masturbation. From this time he gradually became more emaciated, and finally passed into a condition of coma which ended fatally three months after admission.

*Autopsy.*—The upper surface of the cerebellum was marked with numerous tubercles varying in size; and on section its substance was softer and redder than normal. The lungs were stuffed with tubercles, particularly the right upper lobe. The liver was enlarged, and showed scattered crude tubercles in its substance. The cortical substance of the kidneys was dotted with yellowish granulations.

**A Tuberculous Tumour situated between the Left Side of the Pons Varolii, the Medulla Oblongata, and the adjacent surface of the Left Cerebellar Hemisphere.**

PLATE 76. fig. 3.

The patient was a labourer, aged 30, of strong constitution, who had always enjoyed good health, though his parents were stated to have died of chronic cough. Three years ago he received a severe blow on the back of the head. Some months afterwards he complained of stiffness in the upper part of the neck, pain in the occipital region, buzzing in the ears, and giddiness. He continued his labours in the fields during the summer, but in the following autumn and winter the occipital headache became much worse and was accompanied by nausea, vomiting, and great bodily prostration, so much so that he was hardly able to leave his bed. As spring came on he improved and was able to get about again, but next winter his former symptoms returned with increased violence. He was now advised to take a "Turkish" bath, and whilst exposed to a very high temperature he lost consciousness. On returning to himself he found that he had lost power and feeling in his right limbs. On examination I found him dull and stupid, very emaciated, with complete paralysis and partial loss of sensibility on the right side, right pupil dilated, and complete blindness on that side,

weak rapid pulse, diarrhœa and distended abdomen. At the end of a fortnight, by active medical treatment, his symptoms were somewhat relieved; but a week later he had a sudden relapse, attended with very severe pains in the left side of the head, and convulsions in the limbs, speedily followed by difficult breathing and coma, in which state he died.

*Autopsy.*—A tuberculous tumour, the size of a small apple, was found between the left half of the pons, the medulla oblongata, and the adjacent surface of the left cerebellar hemisphere. This tumour was dense and homogeneous in structure, and of a yellowish colour. On section its interior was softened, and presented a focus of recent hæmorrhage. The membranes of the cerebellum were much injected, and its substance felt softer than normal. At the apices of both lungs tubercles were found, showing very little softening. The surface of the kidneys was deeply fissured, and they contained numerous cysts. The mucous membrane of the colon showed a number of ulcers which appeared to be due to tuberculous deposit.

### Gouty (?) Deposits on the Posterior Common Ligament of the Lumbar Spine.

PLATE 78. fig. 1.

A soldier, aged 40, with well-marked symptoms of syphilis, was admitted for paraplegia. Eighteen months ago he had a severe attack of articular rheumatism, from which he recovered and returned to his work. But soon after he began to complain of weakness in the legs and curious sensations in his feet; at length the paralysis was almost complete, and in this condition he was brought to the hospital. On admission there were large tender nodes on the clavicles and tibiæ, the lower extremities were paralysed, insensitive, and much emaciated; urine and fæces were passed unconsciously, and great pain was experienced in the lumbar region of the spine. A fortnight later œdema appeared on the feet, and gradually extended up the thighs. A bed-sore formed over the sacrum, and rapidly increased and sloughed, exposing the bone beneath. The patient sank into a typhoid state and died.

*Autopsy.*—The spinal cord and the membranes were normal as far down as the last dorsal vertebra; thence to the third lumbar the spinal canal was much narrowed, and the cord seemed as if strangulated. On opening the canal a gouty (?) mass was found deposited on the posterior surface of the bodies of the last dorsal, first and second lumbar vertebrae. This mass was friable and spongy, and was composed of phosphate of lime; it narrowed the calibre of the spinal canal, and thus compressed the cord.



## A Tuberculous Tumour on the Spinal Dura Mater.

PLATE 79. figs. 1, 2, 3.

From a girl, aged 15, who had been under treatment for some time with strumous ophthalmia. Her present illness began with weakness and impaired sensation of the legs, attributed to cold; and within a month she was completely paraplegic. On admission to the hospital the lower dorsal and lumbar regions were painful on pressure, and the lower extremities were devoid of motion and sensation. Very soon afterwards gangrenous bed-sores appeared on the buttocks, trochanters, sacrum, and knee, and the patient was troubled with frequent spasms in the legs. Dyspnoea and signs of phthisis developed, and the spasms in the legs were accompanied with very painful opisthotonus. The persistent cough, abundant expectoration, and diarrhoea led to marked emaciation, the opisthotonus became more frequent, and the patient gradually sank into a typhoid state and died thirteen months after admission.

*Autopsy.*—Permission to examine the chest and spine only was granted. The lungs showed large vomicae at their apices, and almost the whole of the remaining portions was stuffed with more or less degenerated tubercle. An oblong tuberculous tumour, of a greenish colour, and partly softened, measuring two inches in length and three quarters of an inch in breadth, was found on the posterior surface of the spinal dura mater, corresponding to the lower half of the first dorsal, the second, and the upper half of the third dorsal vertebra. The anterior surface of the arches of the first and second dorsal vertebrae, adjacent to the mass, was eroded by caries, and the contiguous portion of the dura mater was blended with the subjacent arachnoid by plastic exudation. The spinal cord at this spot was compressed by the tumour, and its substance softened.

## Cartilaginous Deposits on the Spinal Arachnoid.

PLATE 80. fig. 1.

A peasant woman, aged 35, was found helpless in the street, and was brought into the hospital. She was collapsed, cold, livid, and had a very weak pulse. There was also vomiting and repeated action of the bowels, but very little urine was passed. Formerly she was often troubled with spinal pains, but of late she had suffered from recurrent spasmodic attacks, which rendered her unconscious. At the time of admission there was severe headache, and præcordial pains, and she experienced tetanic contractions in all the limbs. At certain intervals of time there was opisthotonus of the spine and trismus. She died very soon after admission in a convulsion affecting the whole body.

*Autopsy.*—The posterior surface of the spinal arachnoid from the

sixth dorsal to the second lumbar vertebra was covered with cartilaginous scales of various sizes, which destroyed the transparency of the arachnoid and rendered it rough and irregular. The substance of the spinal cord itself seemed harder than normal. The lungs were congested.

(In a note to the above description the author states that the symptoms during the life of the patient resembled those of sporadic cholera.)

### Myelitis.

PLATE 80. fig. 2.

A youth, aged 22, fell from a height upon his back, and lay on the ground for half-an-hour quite conscious, though unable to move his limbs. Slowly power returned in them, he rose and walked home, where he remained quietly for a few days. On the fifth day he returned to his work, but this caused him so much pain in the spine, and he felt so weak, that he gave it up and came to the hospital on the seventh day. On admission he complained of deep-seated pain and burning sensations in the lower cervical and upper dorsal regions. It was increased by movement, though not by pressure. The patient was feverish, had much difficulty in swallowing, and was much troubled with nausea and vomiting. He had also a very painful sensation of constriction round the lower part of the chest, the pulse was rapid and irregular, respiration dyspnoëic, and the upper extremities appeared quite insensitive, though not paralysed. These symptoms rapidly increased, and he died of respiratory failure.

*Autopsy.*—On opening the spinal canal the membranes were found injected, and the substance of the spinal cord was so soft that it resembled a pulp. The condition extended from the sixth cervical to the fourth dorsal vertebra. The lower lobes of the lungs were partly hepatized, and everywhere they showed much congestion.

### A Fibrous Tumour situated on the posterior part of the Cauda Equina.

PLATE 81. fig. 2.

From a soldier, aged 63, whose constitution was exhausted by drink and excess, but who had never suffered from the secondary symptoms of syphilis. His illness began two years ago with pain in the loins, which gradually became so severe that he could not move without causing himself great agony. The pain started in the loins and passed down each leg. After treatment by blistering for a month the pain disappeared; but not long after he fell from a height on his back, and this caused a return of the pains. He

also experienced fornication and spasms in the legs, and felt as if walking on air-cushions. He gradually lost power and feeling in his legs, and was often troubled with involuntary defæcation and micturition, and with very painful erections of the penis. Eighteen months after the onset of the pain the paraplegia was complete, and very soon bed-sores appeared on the nates, which rapidly extended and became gangrenous. He was admitted to the hospital in a very exhausted condition, with rapid breathing and feeble pulse, and died in a few hours.

*Autopsy.*—The membranes of the spinal cord were injected, and in the subdural space a fibrous tumour was found, the size of a large nut, situated on the posterior surface of the cauda equina, and corresponding with the lower half of the third and the upper half of the fourth lumbar vertebra. It was hard, of a fleshy colour, and was partly attached to the dura mater, but compressed the contiguous portion of the cauda equina, which was markedly softened at this spot. The lungs were pneumonic, and the ileum showed extensive ulceration as far down as the ileo-cæcal valve.

## Tumour of the Spinal Cord.

### PLATE 81. fig. 1.

From a youth, 18 years of age, with marked strumous symptoms, whose illness began with a chill due to exposure after taking a warm bath. The symptoms were those of acute articular rheumatism, affecting chiefly the legs; and after the subsidence of this disease, increasing weakness of the lower extremities, with fornication, and spasms down the sciatic nerve were complained of. His gait was tottering, and he described curious sensations in the feet when walking; there was also deep-seated pain in the lumbar region of the spine. Three weeks later he was completely paraplegic, and began to complain of pains in the chest; there was marked dyspnœa, and free expectoration of thick yellow sputum, sometimes streaked with blood. Auscultation revealed well-marked phthisis. Four months after the commencement of the illness, he died of hæmorrhage from the lungs.

*Autopsy.*—From the tenth dorsal to the fifth lumbar vertebra the membranes of the spinal cord were injected and swollen, and the cord itself was soft and reddish. On its anterior surface, corresponding with the second lumbar vertebra, a hard tumour surrounded by a cellular capsule was found. The left lung contained abundant caseating tubercles, and in the right lung there were very large vomicæ in the upper lobe, filled with blood-clot from the rupture of vessels. Solitary tuberculous masses were found in the liver and spleen.

(N.B.—It would appear from the remarks in this case that the tumour on the spinal cord was considered to be of a tuberculous nature.—TRANS.)



## Acute Glossitis.

PLATE 82. fig. 1.

From a man, aged 30, addicted to drinking, who, three days before, was found intoxicated in the street. On recovering his senses, he complained of hoarseness and difficulty in breathing and swallowing, and as the symptoms soon became worse, and his tongue was much swollen and painful, he was admitted to the hospital. On admission, the tongue was very red and hard, and so much swollen that it filled up the cavity of the mouth, preventing the introduction of liquids, and impeding the respiration, which was rapid and stertorous. The patient was in a state of high fever, the veins of the neck were greatly distended, and the dyspnœa produced much restlessness. By appropriate treatment, the swelling of the tongue was so reduced that its condition could be examined, and with this favourable opportunity deep incisions were made on either side of the tongue. But the symptoms of dyspnœa were not relieved thereby, and the patient died asphyxiated.

*Autopsy.*—The mucous membrane of the glottis, trachea, and bronchi was swollen and intensely injected; the tongue was hard, and still much enlarged; the lower lobes of the lungs were in a state of red hepatization; and the substance of the kidneys was marked with deep fissures.

## Gangrenous Glossitis.

PLATE 82. fig. 2.

From a man, aged 45, who was admitted into the hospital with symptoms of typhoid fever, which had existed a few days. On the third day he was much worse, pulse and breathing rapid, tongue dry and hard; calomel gr.  $\frac{1}{2}$  was ordered every half hour. On the sixth day the tongue was very dry, so that it could not be protruded, and its surface was noticed to be fissured; there was a distinct eruption in the infraclavicular and epigastric regions; the patient was drowsy. By the eighth day the tongue had swollen, and it was very painful to the touch; on the legs, in the sites where sinapisms had been applied, some bluish spots were observed, so the calomel was omitted. Two days later the spots on the legs were gangrenous, the tongue was so large that it filled the cavity of the mouth, and its surface was cold, livid, and insensitive, and the gums were much swollen. Death occurred on the twelfth day; during the last forty-eight hours the breath had been horribly fetid, and the gangrene on the limbs was extending.

*Autopsy.*—Post-mortem decomposition was so rapid, that ten hours after death the viscera could scarcely be examined. The tongue was soft and blackened, and there were two gangrenous ulcers at its base on each side. These ulcers penetrated deeply

into its substance, so that on section the interior of the tongue was almost destroyed, consisting of a horribly fœtid mass. The fauces and epiglottis were also gangrenous. The lower lobes of the lungs were consolidated, the small intestine was marked with ulcerations, and enlargement of Peyer's patches, and the calices of the kidneys contained puriform liquid.

### Membranous Laryngitis.

#### PLATE 85. fig. 1.

From a man, aged 45, who had suffered for a few days from laryngeal irritation and a dry troublesome cough. These symptoms soon became worse; the breathing was stridulous, and at times dyspnoëic, there was pain in the throat, the cough was metallic, and inspiration sibilant, and the voice very hoarse and weak. The disease was diagnosed as "croup." The dyspnoëa increased, and the patient died asphyxiated on the fourth day.

*Autopsy.*—The epiglottis, interior of the larynx, and the greater portion of the trachea were covered with a membrane, which was four lines in thickness, and of a greyish colour. A second small piece of membrane was found at the bifurcation of the trachea, and there was an exudation along the divisions of the bronchi. The lungs were much congested, and emphysematous.

### Membranous Laryngitis.

#### PLATE 85. fig. 2.

A boy, aged 12, during an epidemic of bronchitis, complained of coryza, difficulty in swallowing, and pain in the throat. His voice was hoarse, the submaxillary glands were enlarged, and on the third day he was suddenly attacked with dyspnoëa. The cough had a peculiar ring, and inspiration was noisy. The following night he had another more severe attack of dyspnoëa, and became very livid. In spite of emetics and local applications his condition grew worse, and he died on the sixth day asphyxiated.

*Autopsy.*—The larynx and trachea were lined with a greyish membrane, firmly adherent to the subjacent mucous surface, which was much injected. The lungs showed patches of pneumonic consolidation, and there was recent pleurisy, with a moderate quantity of fluid in the left chest. There were yellowish granular markings on the surface of the kidneys, and the inguinal glands on each side were enlarged, soft, and almost suppurating.

### Syphilitic Laryngitis and Tracheitis.

#### PLATE 86. fig. 1.

From a man, aged 42, of intemperate habits, who had suffered



from the sequelæ of syphilis, and was admitted into the hospital in a cachectic condition. On examination there were eruptions on various parts of the body, gummata on the skull, tibia, clavicles, and sternum, and extensive sloughy ulcerations of the soft palate and right tonsil. His voice was hoarse, and the larynx tender to the touch. After specific treatment for three or four weeks the symptoms improved considerably, but the voice soon became hoarse again, inspiration was crowing, and the patient was harassed with a constant spasmodic cough, which prevented rest. The dyspnœa (inspiratory) rapidly became urgent, his face was livid and covered with a cold sweat, the pulse was rapid and irregular, and in spite of venesection and local applications, the patient died in a fit of suffocation, some fifteen hours after the onset of these acute laryngeal symptoms.

*Autopsy.*—The fauces were much congested, and covered on the right side with a foul ulceration; the epiglottis showed marked injection of its mucous membrane, and on its inferior surface there was an ulcer with well-defined margins, and a sloughy base. The remains of similar ulcerations were observed in the middle of the larynx near the glottis, and the mucous membrane of the trachea and bronchi was very red and sodden.

### Œdema of the Glottis.

#### PLATE 86. fig. 2.

From a woman, aged 27, married, but without family, whose illness began with palpitation and swelling of the legs. She caught cold during a menstrual period, and from that time the symptoms of anasarca became worse. On admission to the hospital the eyelids were swollen, the breathing was dyspnœic, and the respiratory murmur was imperfect on the right side; there was albumen in the urine, and tenderness on pressure over the lumbar regions, and the anasarca was general. Four days later, the dyspnœa was more urgent, and scarcely any air entered the right chest. Inspiration was accompanied by a sibilant sound, and the voice and cough were raucous. The suffocative attacks became more frequent, the voice was entirely lost, and the patient died asphyxiated a week after admission.

*Autopsy.*—The larynx showed that the mucous membrane around the epiglottis, and the aryteno-epiglottidean folds, were converted into large swellings filled with yellowish serous fluid. The remaining mucous membrane of the larynx and bronchi was pale and sodden. The lungs were very œdematous, so as to be scarcely pervious to air. The kidneys were large, and marked with fissures and cysts on the surface; on section, their substance presented the appearances of Bright's disease.

## Laryngeal Phthisis.

### PLATE 87. fig. 1.

From a man, aged 37, addicted to drinking, whose illness began three years ago, with acute laryngitis, and since that time he has often been troubled with hoarseness, irritation in the throat, and spasmodic cough. On admission to the hospital, the breathing was quick, and mucous râles could be heard all over the chest; deglutition was difficult, especially of liquids; cough was spasmodic, and metallic in character, expectoration abundant, yellowish, and foetid, voice muffled, pain and irritation about the thyroid cartilage. The temperature rose in the evening, there was progressive emaciation, loss of strength, and diarrhœa. These symptoms rapidly became worse, and the patient died about a fortnight after admission.

*Autopsy.*—Small hard tubercles were found on the lingual surface of the epiglottis, and the internal surface of the right wing of the thyroid cartilage showed extensive ulceration of the soft parts as well as destruction of the cartilage itself. The adjacent mucous membrane was red and infiltrated with tubercles, and in the trachea the mucous membrane showed tubercles, some of which were caseating. There was a tuberculous mass in the left suprarenal body, but no tubercles in the lungs.

## Syphilis of the Larynx and Trachea.

### PLATE 87. fig. 2.

From a woman, aged 25, who had well-marked signs of syphilis, with difficulty in swallowing, hoarse voice, persistent irritation of the larynx and trachea, and rapid dyspnœic breathing. On admission to the hospital, the fauces were much reddened, and there was an extensive ulceration of the right tonsil; the patient complained of great difficulty in swallowing, of pain in the larynx and trachea, and of frequent spasmodic cough accompanied with purulent blood-stained expectoration. She was very weak and exhausted; diarrhœa ensued, and rapid wasting, terminating in death.

*Autopsy.*—The mucous membrane of the respiratory passages from the epiglottis almost to the bronchi was much injected, softened, and studded with ulcers of various sizes. These were situated on the epiglottis and different parts of the trachea and larynx; they were deep and punched-out, with foul base, exposing the cartilage underneath. There were no tubercles in the lungs, the liver was cirrhotic, and the spleen harder than normal. There were small yellowish granules in each kidney.

## Grey Hepatization of the Lower Lobe of the Left Lung.

PLATE 89. fig. 1.

From a woman, aged 45, who had suffered for some years from ague, and at length developed symptoms of dropsy, with pain in the left hypochondrium, of a colicky nature. On admission to the hospital the breathing was rapid, and respiratory sounds were wanting at the base of the left lung. On the right side there was puerile breathing and mucous râles; expectoration was abundant and foetid, and the pulse weak and irregular. There was marked enlargement of the liver and spleen, and on palpation they appeared to be nodular on the surface. The legs became œdematous, the breathing more difficult, and death occurred a fortnight after admission.

*Autopsy.*—There was a small quantity of serous fluid in the left pleural cavity, and the lower half of the left lung was in a state of grey hepatization, breaking down into foci of suppuration. The liver was enlarged and hard, and the spleen was very large indeed, its capsule showing thickened patches by which it was firmly attached to the diaphragm. The kidneys were enlarged, and in an early state of granular degeneration.

## Pulmonary Abscess.

PLATE 88. fig. 2.

From a soldier, aged 54, who had been troubled for many years with recurrent attacks of rheumatism. There was no history of syphilis. After one of these attacks he began to suffer from acute pain in the left eye, and severe headache. On admission to the hospital there were well-marked symptoms of iritis on the left side, for which he was treated with various local applications, and calomel internally. A fortnight later a blister was applied to the left arm, and four days afterwards the wound was attacked with erysipelas, which was prevalent at the time. The erysipelas spread rapidly over the whole of the upper extremity and the chest, and led to thrombosis of the veins of the arm. On the fifth day of the disease the patient had rigors, and an abscess was discovered in the left axilla, which was opened, liberating a quantity of foetid pus. The patient was very feverish and restless, and there was difficulty in breathing. The respiratory murmur over the left lung was diminished, the pulse was very feeble, and the man rapidly sank. Death occurred six days after the phlebitis was first noticed.

*Autopsy.*—There was an abscess the size of an orange, containing foetid pus, in the left axilla, and the left brachial, axillary, and subclavian veins contained suppurating thrombi. Four abscesses opening into the pleura were found in the upper lobe of the left



lung, and many more were found in the substance of the lung. The pulmonary tissue around the abscess was deeply congested, but pervious to air. In the right cavity of the heart puriform material was observed, and there were abscesses in the liver, spleen, and kidneys.

### Pleurisy, with much exudation.

#### PLATE 88. fig. 1.

From a man, aged 37, whose illness commenced a month ago with pain in the right side on breathing, and a troublesome cough, due to sleeping on the wet ground. A fortnight later, he passed little urine, and œdema of the legs and eyelids was noticed. On admission the breathing was rapid, the right side of the chest hardly moved, even on deep respiration, it was larger than the opposite side, and the intercostal spaces were distended. It was dull on percussion, and the respiratory murmur was absent in front and very imperfect behind. The apex-beat was displaced, and there was puerile breathing over the left lung. As the dyspnœa increased, paracentesis thoracis was performed, and three pounds of serous fluid containing flakes of lymph were evacuated. This was followed by a rigor, a return of the lancinating pain in the side, rapid breathing, and cough accompanied with blood-stained expectoration. The pulse was rapid, the tongue dry and parched, and the patient was in constant dread of suffocation. He became daily more emaciated, with symptoms of hectic fever, and died about three weeks after the operation.

*Autopsy.*—The right pleura was thickened, and had dense deposits of lymph in some places firmly adherent to it; in others they were softer, and covered it like a cushion. The right lung was shrunken, and bound down to the spinal column by a thick layer of lymph. On section the pulmonary tissue was almost airless from compression. The lung on the left side showed red hepatization in its lower lobe. The substance of the spleen contained scattered masses of “tuberculous” material, and the liver was of a yellowish colour. The kidneys were pale.

### Acute Tuberculosis of the Right Lung.

#### PLATE 89. fig. 2.

From a girl, aged 20, who caught cold after an exanthem, and suffered from sore throat, pains in the chest, and fever. On admission to the hospital the patient was wasted and feverish, tongue dry, breathing rapid, thick yellowish nummulated sputum, dulness over the right side of the chest (except at the apex where the note was clearer than normal), and crepitation; while at the upper part of the right lung there were cavernous rhonchi. There was puerile

breathing on the left side, and mucous râles everywhere. She complained of dyspnœa, night-sweats, and very great weakness. Death occurred ten days after admission from pneumothorax, or about six weeks from the commencement of the illness.

*Autopsy.*—There was a large vomica at the apex of the right lung, which had ruptured into the pleura, and caused its distension with air and liquid. The lower lobe of the right lung showed miliary tubercles, either diffused or aggregated, and surrounded with pneumonic consolidation. The left lung was free from disease. There were cysts on the surface of the kidneys.

### Cicatrix in the Left Lung.

PLATE 90. fig. 1.

From a man, aged 40, whose father had died of chronic cough. Seven years ago he had suffered from cough, with abundant blood-stained expectoration, and general wasting. These symptoms lasted for three months, and he then recovered his good health. A fortnight ago he caught cold, and was attacked with fever, headache, and nausea, and speedily grew worse. On admission, he was very weak, sores on the lips, dry brown tongue, rapid breathing, mucous râles all over the chest, pain on pressure in the right iliac region, and he was in a semiconscious condition. Death occurred three days after admission.

*Autopsy.*—At the upper part of the left lung a cicatrix was found, which was adherent to the parietal pleura. It was fibrous in structure, of a whitish colour, and the adjacent portions of the lung were puckered by the cicatrix. It penetrated deeply into the substance of the lung, and the surrounding pulmonary tissue was indurated and pigmented. Other parts of the left lung showed scattered crude tubercles. There was hypostatic pneumonia in the lower lobe of the right lung.

### Ædema of the Left Lung.

PLATE 90. fig. 2.

From an attendant, aged 40, whose illness began three months before admission, with fever, cough, and pains in the chest, which gradually became worse. On admission, the breathing is rapid, there is persistent cough, with purulent, fœtid expectoration; the right lung is dull on percussion, and its respiratory murmur is impaired. On the left side there are mucous râles, a sharp pain below the nipple on taking a deep breath, and friction sounds. The patient is very weak and exhausted, with dry brown tongue, and fever.

The typhoid state became more marked, and the patient died four days after admission.



*Autopsy.*—The lower lobe of the right lung was in a state of grey hepatization, breaking down into centres of suppuration; the pleura on that side was covered with lymph. There was no pleurisy on the left side, but the left lung was full of blood, and very œdematous, and there were collections of fluid beneath the pleura covering the lower lobe. One of these collections formed a kind of cyst, the size of a hen's egg, attached to the lower margin of the left lung. It was filled with yellowish liquid, and moved freely in the left pleural cavity. The liver, spleen, and kidneys showed scattered foci of suppuration, in their substance. The lower end of the ileum showed ulceration of the solitary follicles and Peyer's patches, and the mesenteric glands were swollen and soft.

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## ORIGINAL DRAWINGS.

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### Case of Granuloma Fungoides.

Portrait copied from one lent by Dr. Payne. The case is published in the 'Pathological Transactions' for 1886, and the portrait is plate ii. of that volume. The patient was a man named John Randal, aged 56, who was under Dr. Payne's care in St. Thomas's Hospital, in December 1885. The state of his arm is shown in another portrait. The patient was a healthy carman, who had never lived out of England, and who had never suffered from syphilis. His illness began about four years before his death, when he had first noticed red blotches on his feet, which were not swollen or raised. Others next appeared on his legs and arms, and lastly on the face, neck, and head. About two years later swellings began to form on the red patches, and these in many instances went on to ulceration; there was little pain, and his health remained good. Very gradually, the condition shown in the sketch was produced. The portrait was taken about four months before his death; that of his arm, which shows the earlier stages of the disease. The affection was confined to the skin and subcutaneous connective tissue. At one time, shortly before his death, fifty-seven tumours, large and small, were counted upon the body; about half of them were not ulcerated, while many of the others were converted into flat ulcers. A careful microscopic examination, which is recorded in detail, showed that the tumours consisted of granulation tissue. During the time that the patient was in St. Thomas's Hospital, from Nov. 17, 1885, to Jan. 1886, no iodide of potassium or bromides were given. No measures of treatment appeared to effect

any influence on the disease, but the individual swellings showed considerable tendency to spontaneous change. No bacilli or micrococci were ever demonstrated, and they were carefully sought for by several observers. Dr. Payne's paper includes a review of the nature of the subject. He associated the disease with that first figured in plate 50 of Alibert's 'Atlas,' 1833, under the name of *Mycosis Fungoides*.

### Cancer of Umbilicus.

(Two coloured drawings, A and B.)

The umbilicus and adjacent skin as excised for cancer. The patient was a lady, aged about 50, in whom the disease of the umbilicus had existed for a few months. She was very pale, and complained of debility, having lost flesh; but no other disease could be discovered. As the umbilicus appeared to be involved through its whole thickness, it was judged better to excise the portion of abdominal wall involved, together with the peritoneum, rather than to remove only the external part. This was done, a small portion of adherent omentum being also taken away. The wound was closed as usual, and healed well. Two months later Miss — began to suffer from sickness, and a rounded hardened mass could be felt in the region of the gall-bladder. It is doubtful for the present whether or not this is a mass of cancer. The lady is still living (April 10th, 1890). A section of the growth shows that the whole thickness of the navel and its peritoneum are involved, though not widely. The microscope proved a scirrhus structure, and not epithelial. When the operation was undertaken it was assumed that the warty growth at the navel was primary; but the sequel made it more probable that it had travelled along the course of the lymphatics from the liver, and was secondary.

A. Front view of skin and navel.

B. The same laid open by vertical incision behind.

J. H.

### Syphilitic Ulceration of Nose.

(Portrait, coloured, and photographs.)

Alfred Flory, æt. 27 (February 8th, 1889). This portrait is of interest in reference to the diagnosis between serpiginous syphilis and common lupus. The patient had been treated at more than one hospital for lupus, by free scraping &c. No benefit had accrued, and at the time the sketch was made he was an inmate of the workhouse infirmary at Bow Road, as an incurable case. It was with the kind permission of Dr. Bunkum that the portrait was taken. There was no very definite history of syphilis, but the man admitted that he had suffered years ago from sores. This lupoid affection had been three or four years in

progress. The conditions which would appear to imply syphilis rather than lupus were that the bone as well as the skin was involved. Thus the alveolus had been destroyed, and a large surface of bare and blackened bone at the roof of the palate is seen exposed. Further, the horse-shoe shape of the sores, which on the forehead especially were spreading by evenly rounded edges, is much more like syphilis than lupus; and, lastly, it may be alleged that the disease was spreading as an ulceration almost solely, with very little of the thickening or new growth which usually precedes the ulceration of true lupus. It improved rapidly under specifics.

A photograph shows the final result.

## Relapsing Summer Eruption of a most severe type.

(Five portraits.)

The following notes are by Mr. Hutchinson:—

Annie Judge, æt. 17 (Sept. 1889). This case, which was shown to me by Dr. Eddison in the Leeds Infirmary, appeared at first sight to be unique. On careful examination, however, I felt no doubt that it was merely a very exaggerated example of a malady which Dr. Jamieson and myself have described. It is a case of much clinical importance, for it might easily have been mistaken for syphilis on the one hand or for leprosy on the other. The patient was a well-grown girl, æt. 17, whose face and limbs were almost covered with ulcers and the scars which former ulcers had left. Her cheeks had been affected with special severity, and were almost covered with scar; and the borders of the ears had been eaten away just as if nibbled by a rat. At the time that I saw her the hands, although much scarred, were not affected by ulceration, the larger ulcers being on the upper arms and shoulders, and on the thighs and legs. The trunk itself was almost free, but the buttocks and hips showed many ulcers. The ulcerations were for the most part superficial, but in some they passed rather deeply through all layers of the skin. In these they had undermined edges, and there was a certain amount of swelling. The disease was, however, definitely one of the skin itself and not its subcutaneous tissue, or, if the latter, only secondarily. It differed from lupus in that there was nowhere any evidence of growth preceding ulceration. The initial lesion appeared to be usually a bulla which was followed by ulceration, which spread at its edges. The conditions were very accurately symmetrical. On the face there was not much evidence of increase of pigmentation or of the formation of stigmata; but the hands were very brown indeed between the scars, and the same observation was, I think, true of the limbs and body. The extent of ulceration on the face had left but little sound skin for the display of pigmentation. The feet were in much the same condition as the hands, but had not been nearly so severely affected.



I was told that this child had been a patient in the Leeds Infirmary for three or four months every summer for some years, and that under treatment she always got well of her ulcerating eruption so as to be able to return home in the autumn. Every spring, however, she relapsed, and was again admitted in May or June in the deplorable condition which the portraits show. The sister of the ward told me that there was no reason to suspect that she was neglected at home or subject to any privation. The child had a twin-sister who sometimes came to the hospital to see her, and who appeared to be in excellent health. It was not known that any other members of the family were affected in a similar way. The girl said that she had suffered from the disease seven years, and that she usually got quite well in winter and relapsed in summer.

These portraits were taken by the permission of Dr. Eddison, under whose care the girl was. (J. Hutchinson.)

### **Lupus Vulgaris, multiple patches and very extensive.**

(Four portraits, showing different stages.)

The following notes are by Mr. Hutchinson:—

Master L., æt. 4. First portrait (Nov. 1886). In this case, a little boy, of fair complexion and healthy aspect, became the subject of a disease which somewhat resembled lupus, but which occurred in numerous patches scattered over his face, limbs, and trunk. No explanation could be given of its cause. There was not the slightest reason to think that he had either acquired or inherited syphilis; and the remedies which were tried for syphilis did no material good. The case which the most resembled it, in my own experience, was that of a girl whose portrait is published in New Sydenham Atlas under the name "psoriasis lupus." Both in the girl and in the child who was the subject of this portrait, the lobule of one ear was involved, and was converted into a thickened mass of new growth, like that of apple-jelly. There could be no doubt respecting the New Sydenham portrait that the disease was lupus, for the apple-jelly condition was well marked in all the patches. This was not, however, at all well characterized in the present case. The patches, which were most of them almost round and about as big as half-crowns, consisted apparently of granulation structure, and were more or less inflamed and covered with scab. The degree of inflammation varied with the treatment. The boy was under my observation during the latter part of 1886. He had had much treatment by careful and experienced men, and but little good had been done. During the time that I saw him the patches did not extend, and they certainly became less inflamed. When he first came to me he had a copious eruption of lichen

spots over the trunk, some of which showed a tendency to become pustular.

1887, March 10th.—Still under treatment, and no better. The patches are thicker and more raised, but less inflamed. He has taken both mercury and arsenic until they disagreed. The patches enlarge a little at their borders, but do not spread much. If the local treatment is neglected, dry scabs form over the patch and become thick.

Dec. 18th.—He was shown at the Harveian Lectures. All the patches are now quite healed and dry. They are in a typical condition of exfoliative non-ulcerated lupus. They all spread at their edges, and have lost the round form. The patch, for instance, on the left cheek now covers almost the whole cheek, and is still extending. All the patches are alike and none in the least ulcerated. They show a thin layer of the apple-jelly growth. He is in excellent health. The patches healed under a mild treatment of bark internally, and a weak tar-wash and ointment. All the lichen spots have long since disappeared, and, excepting the lupus patches, his skin is quite clear.

1890.—The boy's condition at this date is shown in the second series of portraits. The lupus patches are very characteristic, and continue in some parts to spread at their edges.

In January, 1891, the boy was treated by Koch's fluid, but without any advantage, although good reactions were obtained.

(J. Hutchinson.)

## PATHOLOGICAL SPECIMENS.

**A case of Round-celled Sarcoma situated in the anterior mediastinum behind the sternum. Compression of the large vessels. (July 10th, 1890.)**

*History.*—Augusta J., aged 25, a nurse, was admitted on June 13th for a swelling in the neck, which was first noticed two months before above the left clavicle. This was followed by a similar swelling on the right side of the neck, and latterly there has been pain down the left arm on making any exertion. On admission there was a large hard swelling on both sides of the neck behind the sterno-mastoid, a tender spot over the second left costal cartilage, and swelling of the axillary glands. Resp. 22; no dyspnoea. Dulness at left base behind up to the 5th rib, and air enters badly. Right chest moves better than left, and breath-



sounds more distinct on that side. Pleuritic effusion at left base diagnosed.

June 20th.—Complained of shortness of breath, and of pain in the breasts and down left arm. Axillary glands are more swollen. There was noticed to be some coldness and swelling of the left arm and hand, but no difference in the radial pulses.

June 23rd.—The left breast is obviously œdematous. The pulse is small and quick, and fails frequently at the end of inspiration (pulsus paradoxus). Face and surface generally congested, frequent dry cough; precordial dulness much increased, extending upwards nearly to the left clavicle and well to right of sternum. There are signs of pleuritic effusion at both bases up to the 6th rib. Left chest tapped in 8th space behind and 32 oz. of serum withdrawn.

June 27th.—Fluid has rapidly collected in left pleura. Both chests tapped to-day, and 2 pints of serum drawn off from each side. A needle was inserted in the precordial region, and 8 oz. of serum drawn off.

July 2nd.—Great dyspnœa, much cyanosis; aspiration in left 5th space of (?) pericardium, and 54 oz. of turbid serum withdrawn.

July 7th.—Gradually sank. At the post-mortem it was found that the track of the needle which had been inserted in the pericardial region corresponded with the anterior portion of the left pleural sac, so that the fluid withdrawn most probably came from that and not from the pericardium.

*Autopsy.*—The legs and the front of the chest were œdematous. On removal of the soft tissues over the sternum, a small nodule of growth was found protruding through the middle of the sternum. Beneath each pectoralis major there was a large mass (apparently glandular) extending along the axillary vessels. The deep cervical glands and those about the root of the neck were much enlarged by new growth. The right pleural cavity contained  $2\frac{1}{2}$  pints of serum, and the left about 1 pint. The greater portion of the right lung was contracted and airless from compression; the left lung less affected. A vertical sagittal section of the sternum and the subjacent growth showed the following relations:—The growth was situated between the sternum in front and the pericardium behind. It extended downwards to the ensiform cartilage and upwards to a little above the supra-sternal notch, measuring 9" in length, 5" from side to side, and 2" at its deepest part. It was in front of the trachea and bronchi, but did not compress them. The left external and internal jugular veins were thrombosed; normal on right side. The right innominate vein and superior and inferior cavæ were normal; but the left innominate vein passed through the middle of the growth, and its calibre was quite obstructed by the external pressure of the growth, though there was no clot in it. The arteries in the neck and chest were normal. The transverse portion of the aorta was largely surrounded but not compressed by it. The pericardium contained a pint of blood-stained fluid, and its visceral layer was

rough, cedematous, and covered with lymph. The liver, spleen, and kidneys showed marked effects of congestion. Intestines normal. The glands along the spine in the dorsal region were enlarged, and the bronchial glands and those in the posterior mediastinum were particularly large and juicy. They all contained growth. Further dissection showed that the tumour, which extended up into the neck by invading the cervical glands, had invaded and almost completely replaced the lobes of the thyroid body. On either side, at the root of the neck, the growth was in close apposition with the brachial plexus, but did not involve the nerve-cords.

The growth was whitish on section, uniform and firm in consistency, without centres of softening or hæmorrhage. Histologically it was a round-celled sarcoma.

**A case of Acute Ulceration of the Colon, occurring after fracture of the spine. (? Trophic in origin.)**  
(July 31st, 1890.)

*History.*—Joseph L., aged 50, was admitted for paraplegia following an injury. He was pushing a truck, when an engine came up behind, struck him in the back with the buffer, and knocked him down, dragging him about 20 yards. This occurred on July 23rd. He was brought up to the hospital on the 25th. On admission there was a depression opposite the spine of the 3rd lumbar vertebra, complete paralysis of both legs, but no loss of sensation. He could distinguish between 1 and 2 fingers at a distance of  $1\frac{1}{4}$ " apart. Reflexes absent, no ankle-clonus, both sphincters paralysed, conjunctivæ much congested. An exploratory operation was performed on the spine, and some pieces of fractured bone removed, but it was found impossible to reduce the displacement of the fractured ends.

Persistent diarrhœa set in (patient said he always had a tendency to diarrhœa), respiration became affected, face and lips very congested, chest moved violently in inspiration; death occurred on the fifth day (July 28th). It was noted, the day before he died, that he could adduct his left leg a little. Highest temperature was  $103^{\circ}\cdot4$  on the 27th.

*Autopsy* (7 hours after death).—A well-nourished man; there was an oblique fracture in an antero-posterior direction running from below upwards and to the right, through the third and fourth lumbar vertebrae, with a dislocation of the lower fragment upwards and to the right. There was no extravasation of blood inside the dura mater, or even on its external surface, and the cauda equina and dura mater showed no naked-eye signs of injury.

The stomach and small intestines were healthy, but the whole of the large intestine presented on its surface superficial patches of coagulative necrosis of recent date. In many the epithelium had not separated, and they were covered with a layer of adherent

lymph. They varied from  $\frac{1}{8}$ " to  $\frac{1}{2}$ " in diameter. In some the epithelium had been removed, leaving a superficial excoriation. They were all of recent date, probably only a few hours. None were found above the large intestine, but in that they were uniformly distributed throughout its length. This ulceration was due most probably to a trophic change, following the paraplegia. The colon was practically empty, no scybala in it—in fact, there had been uncontrollable diarrhoea while in hospital. The material passed was very watery and was constantly running away.

The liver was riddled with holes from the gas of decomposition, although the patient had not been dead more than 7 hours. Early granular kidneys.

### A case of Disseminated Polypi of the Large Intestine, associated with malignant Stricture of the Rectum

*Presented by Dr. Handford, May 27, 1890.*

*History.*—The specimen was taken from the body of a woman aged 34, who had suffered from bronchiectasis for 10 years. Married, 3 children; no history of syphilis. No family history of malignant disease or intestinal polypi. The duration of the disease was uncertain, but the patient had a polypus of the rectum removed by operation six months before death. This polypus was pedunculated and was extruded through the stricture of the rectum; it measured 3.75 centimetres in diameter, and weighed nearly 11 grams.

*Autopsy.*—The liver contained enormous secondary growths, and it weighed 7 lb. 12 oz. Scattered throughout the large intestine, but chiefly below the middle of the transverse colon, were about 170 polypi, varying greatly in size, some sessile and some attached by pedicles up to 4 centim. in length. At the middle of the transverse colon was a narrowing of the calibre, which appeared to be due to invasion of the wall by a large sessile polypus; though it only involved a portion of the circumference of the bowel, yet it caused much obstruction. The rectum was constricted by a broad ring of new growth, which invaded the surrounding fatty tissue.

Histologically the smaller polypi showed the structure of a simple adenoma, consisting of a central core of connective tissue and vessels surrounded by a collection of Lieberkühn's follicles running in all directions. This nodule was situated in the sub-mucous coat, and the normal mucous membrane was stretched over it. In the larger sessile polypus situated at the narrowed part of the transverse colon mentioned above, the donor was able to trace the transitional stages from simple adenoma to a malignant growth. "It was provided with a branching core or framework of connective tissue and vessels, and between the branches of this framework were large irregular much-indented spaces lined with a single layer of columnar epithelium and surrounded by a richly



cellular connective tissue. In places this stroma contained foci of irregularly placed columnar cells in complete disorder, and in other parts there was an indistinct alveolar arrangement. Some portions of the polypus, of the rectal stricture, and of the secondary growths in the liver were quite indistinguishable from one another." The stricture of the rectum was a cylindrical epithelioma of the ordinary type.

### **A large Hæmorrhage into the Lung resulting from an Internal Laceration of its substance. (Aug. 7, 1890.)**

*History.*—James C., aged 32, was admitted in a semiconscious state, having fallen over the edge of a wharf at low tide, a distance of 15 feet. The pupils reacted to light and accommodation; there was hæmorrhage from the right ear and both nostrils; pulse irregular, 72; T. 100°.2. The right clavicle was broken in its outer third. No apparent muscular paralysis. Right side of head slightly bruised.

On the third day the patient was very restless, and the breathing noisy and difficult. The symptoms rapidly became worse, the temperature rose to 104°.4, and the patient died the following evening.

*Autopsy.*—A well-built muscular man, with much bruising about the right clavicular region. There was an extensive fracture of the vertex and base of the skull, and a severe contusion of the anterior extremity of the left temporo-sphenoidal lobe. The right clavicle was broken, and the 5th to the 10th ribs on the right side at their angles. The right pleural cavity contained a pint of thick dark blood, and on the posterior surface of the lower lobe of the right lung there was an aperture in the visceral pleura leading into a cavity in the tissue of the lung the size of a fives' ball. This cavity was due to a laceration or "pulping" of the substance of the lung, probably by sudden flexion of its tissues owing to the fracture of the adjacent ribs. It could not have been due to perforation by fragments of ribs, as there were no projecting ends of bones, and the parietal pleura was not wounded. Hæmorrhage had taken place into the lacerated pulmonary tissues, and had burst into the right pleural sac by the aperture above mentioned, producing hæmothorax. The visceral pleura around the seat of injury was raised into several "blood-blisters."

### **A case of Aneurysm of the Aorta. Ligature of the Left Carotid Artery.**

*Presented by H. E. Harris, Esq., June 2, 1890.*

*History.*—J. M., aged 38, a carpenter, was admitted into an infirmary on January 23rd, 1890. Patient suffered from syphilis 46 years ago, but had no other previous illness.

On admission he complained of constant "aching" in nape of neck and left shoulder-joint, with a hacking cough and shortness of breath; he also complained of some dysphagia: these symptoms were of six weeks' duration. Three weeks he had noticed a swelling and throbbing in upper and left part of chest, which had been increasing until admission.

Patient was anæmic, but well nourished.

*Chest.* Anterior surface: at the upper part and to the left of the middle line was a pulsating tumour causing a palpable bulging of the manubrium, adjoining costal cartilages, and inner end of left clavicle. The tumour extended to about  $\frac{1}{2}$  inch above the sternal notch. *Lungs* resonant, excepting over seat of tumour. Occasional rhonchi heard here and there in left lung. *Heart*: no displacement in bruit. *Pulse* regular, that on left side much weaker than on right. *Abdomen* natural. *Tongue* furred. *B.O.* *Pupils* unequal; right swollen.

Patient on the day after admission was placed on a low diet consisting of 11 oz. of solid and 21 oz. of fluid, which included 5 oz. of claret.

This was continued until March 5th, with perfect rest in bed, when the following note was made:—

"Aneurysm markedly increasing in size, chiefly by extending upwards into neck above the sternal notch; cough is more troublesome and expectoration profuse; dyspnœa at times, and breathing during sleep loud and sonorous."

*March 8.*—Patient was seen by Mr. Heath, who recommended liberal diet and ligature of left carotid.

*March 13.*—Mr. Heath ligatured the left carotid high up near bifurcation, after an injection of cocaine, hydrochloric and painting surface, Wound dressed with iodide of ammonia and wool.



# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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## ANNUAL REPORT OF THE CONSERVATOR TO THE MUSEUM COMMITTEE.

(Presented July 4th, 1887.)

### **PATHOLOGICAL DEPARTMENT.**

THE additions to the Pathological Department during the past year number 121 specimens, besides Teratological specimens and Calculi, and are as numerous, valuable, and interesting as those of former years. Among them is the complete articulated skeleton of a man affected with osteitis deformans. The number of the additions to the Drawings and Photographs is rendered larger than usual by the presentation of a valuable collection of Drawings by Mr. Jonathan Hutchinson; also by the presentation of the collection of Mr. Oliver Pemberton, and some fifty Photographs accompanying the Jacksonian Prize Essay for 1886.

An Appendix to the Pathological Catalogue has been prepared by Mr. Frederic Eve, the Pathological Curator, and is ready for publication. It contains descriptions of nearly 400 specimens, constituting the additions to the Museum since the completion of the several volumes of the Pathological Catalogue, of which the last was published in 1885. The descriptions in this Appendix will be interleaved in the Catalogues in use in the Museum, and thus a complete record of specimens up to date will be accessible. Descriptions of the larger proportion of specimens added during this year are included in the Appendix.

The nucleus of a series of specimens for examination purposes has been formed.

The work, now for some years in progress, of revising and improving the Pathological collection by remounting some and placing other specimens in more suitable bottles, is completed.

It may also be remarked that a considerable number of pathological specimens have been received for examination and report by the Pathological Curator, and that the material from such sources is rapidly increasing, and often furnishes valuable specimens to enrich the Collection.

## DEPARTMENT OF COMPARATIVE ANATOMY.

The most noteworthy additions to Human Osteology during the past year are five skulls from the Hindu-Kush district of India, presented by Mr. Giles, F.R.C.S. These are probably the only skulls from that district yet obtained for any European Museum.

A Catalogue of specimens of the Skeletons of Mammalia other than Man available for exchange is nearly complete. Whilst making this Catalogue, numerous missing portions of specimens already contained in the published Catalogue of the Osteological Series have been discovered and restored to the skeletons of which they originally formed a part.

In view of the publication of a new Catalogue of the Osteology of Birds, a number of new skeletons have been added of species which have been hitherto unrepresented, or represented only by indifferent specimens. For liberal help in furthering this object, the Museum is greatly indebted to the kindness of Mr. J. Abrahams.

Besides valuable additions by gifts, the College has acquired by purchase a fine specimen of the egg of *Æpyornis maximus*, interesting not only from its size, but also from its having probably given origin to the Arabian tales of the Roc.

Examples of the skill of Mr. Pearson are to be seen in the dissection of the vessels and nerves of the abdomen, the muscles and nerves of the tongue, &c.

## LIST OF SPECIMENS

## ADDED TO THE MUSEUM SINCE THE LAST ANNUAL REPORT.

## PATHOLOGICAL SERIES.

No. in Catalogue.

Donors.

- 81 B. An elbow-joint fixed in the flexed position by an extensive cicatrix.  
T. COOKE, Esq.
- 232 A. A loculated cyst, apparently bursal, over the pomum Adami.  
From a dissection-subject.
- 256 E. Dermoid cyst of the first branchial cleft; removed from the front of the ear.  
T. BRYANT, Esq.
- 312 A. Multiple fatty tumours removed from the arms of a woman.  
F. S. EVE, Esq.
- 370 B. Congenital lobulated fibroma removed from the back.  
Dr. GOODHART.
- 372 A. Fibroma which was attached to Poupart's ligament.  
LAWSON TAIT, Esq.
- 402 A. Adeno-sarcoma connected with the submaxillary gland.  
F. S. EVE, Esq.
- 433 A. Sarcoma springing from the matrix of the nail of a great toe.  
F. S. EVE, Esq.
- 436 B. Fibro-sarcoma removed from the structures over the superior maxilla.  
CHRISTOPHER HEATH, Esq.
- 476 A. Epithelioma in the cleft between two toes.  
JONATHAN HUTCHINSON, Esq.

No. in Catal.

*Donors.*

- 489 A. Rodent ulcer of upper eyelid. W. RIVINGTON, Esq.
547. Larynx and trachea from a rabbit which died of rabbit rabies, showing injection of the mucous membrane.
547. Stomach of the same, showing ecchymoses.
- With the preceding by VICTOR HORSLEY, Esq.
- 693 A. Osteo-porosis of the parietal bone, from an Egyptian tomb at Tell Nebesheh. Period Saite to Ptolemaic.
- Presented by the Committee of the Egypt Exploration Fund.
- 932 A. T-shaped and comminuted fracture of the lower end of a humerus.
- F. S. EVE, Esq.
- 1002 A. United intra-capsular fracture of the neck of femur. T. F. RAVEN, Esq.
- 1004 A. Ununited fracture of the neck of a femur. W. RUNDLE, Esq.
- 1016 A. Ununited fracture through the upper third of a femur, with extreme angular displacement owing to inability to apply extension from the presence of a fracture lower down in the shaft. F. S. EVE, Esq.
- 1041 B. Separation of the lower epiphysis of a femur. F. S. EVE, Esq.
- 1224 A. Thickening or hyperostosis of the alveolar process of a superior maxilla from chronic inflammation. C. HEATH, Esq.
- 1241 B f. Complete articulated skeleton from a case of osteitis deformans.
- 1241 B g. Section of the femur, from the same.
- 1241 B h. Posterior portion of the vertex of the skull, from the same case.
- 1353 A. Diffuse periostitis of tibia. The late JOHN GAY, Esq.
- 1594 A. Exostosis from crest of ilium. J. WOOD, Esq.
- 1633 A. Chondro-sarcoma of femur successfully removed by amputation at the hip-joint. F. S. EVE, Esq.
- 1647 C. Hæmorrhagic sarcoma of an ilium from a "bleeder." C. MACNAMARA, Esq.
- 1667 A. Myxo-sarcoma of a great toe secondary to a similar tumour involving the tibia and knee-joint. J. F. HARRIES, Esq.
- 1820 A. Extensive destruction of the articular cartilage of a humerus from pyæmic arthritis. Per S. G. SHATTOCK, Esq.
- 1888 B. Almost complete obliteration of the acetabulum, probably the result of disease. College Stores.
- 1914 A. Osteo-arthritis of an elbow-joint. Dr. LEDIARD.
- 1915 A. Base of a skull with osteo-arthritis of the glenoid cavity.
- 1915 B. Three lower jaws affected with the same disease.
- Presented with preceding by CHRISTOPHER HEATH, Esq.
- 1948 A. Gout of many of the articulations of a Parrot. J. B. SUTTON, Esq.
- 2061 A. Early spinal disease implicating chiefly an intervertebral disc. Per S. G. SHATTOCK, Esq.
- 2114 A. Angular curvature in the cervico-dorsal region. J. MACREADY, Esq.
- 2115 A. A portion of spine with a dorsal vertebra completely destroyed by secondary cancer. Dr. G. N. PITT.
- 2135 R a. Cast showing complete union of two posterior molar teeth.
- CHRISTOPHER HEATH, Esq.
2136. A misplaced tooth removed from the orbit of a child, aged 2 years.
- Dr. WARD COUSINS.
- 2138 A. Syphilitic teeth. JONATHAN HUTCHINSON, Esq.
- 2221 A. Chondro-sarcoma of a lower jaw. CHRISTOPHER HEATH, Esq.
- 2222 A. Recurrent myeloid sarcoma of a palate for which both maxillary bones were successfully removed. J. B. JESSETT, Esq.
- 2269 B. Sarcoma of tongue. H. T. BUTLIN, Esq., per D'ARCY POWER, Esq.
- 2271 A. Papillary growth covering nearly one half of a tongue of a woman who was an habitual smoker. F. S. EVE, Esq.
- 2273 E. Epithelioma of tongue without ulceration. F. S. EVE, Esq.



No. in Catal.

*Donors.*

- 2273 F. Epitheliomatous ulcer of tongue in a woman, aged 34. Dr. NEWMAN.
- 2300 A. Syphilitic stricture of œsophagus with ulceration penetrating the trachea. Dr. A. H. ROBINSON.
- 2522 A. Simple stricture of the intestine opposite to a diverticulum ilii, with a circumscribed dilatation of the intestine above it. Dr. NEWMAN.
- 2523 C. Lymphadenoma of the Peyer's patches of the small intestines. Per S. G. SHATTOCK, Esq.
- 2546 A. Tubercular nodules occupying the walls of the intestine of a fowl. F. S. EVE, Esq.
- 2546 B, C, & D. Tubercular nodules projecting from the mucous membrane of the intestines of a Rhea. J. B. SUTTON, Esq.
- 2549 C. A portion of the ileum of a dog, showing the line of union 24 hours after resection of a part of the bowel.
- 2549 D. A similar specimen, 3 days after resection.
- 2549 E. A similar specimen, 14 days after resection.
- 2549 F. A similar specimen, 1 month after resection.
- 2549 G. A similar specimen, 2 months after resection.
- 2549 H. A similar specimen, 3 months after resection.
- 2549 I. A similar specimen, 4 months after resection.
- Presented, with the six preceding, by STANLEY BISHOP, Esq.
- 2551 A. Contraction of the ileo-cæcal valve by a morbid growth. E. H. FENWICK, Esq.
- 2593 B. High excision of rectum for cancer, the section of the bowel being made at least two inches above the reflection of peritoneum. Recovery after operation. F. S. EVE, Esq.
- 2747 A. Cirrhosis of the liver of a child. Per S. G. SHATTOCK, Esq.
- 2749 A. Large gumma of liver containing hydatids. Dr. GOODHART.
- 2758 B. Multiple cysts in a liver formed by dilatation of the bile-ducts. Dr. GRIFFITHS.
- A 2759. Nævus of liver. F. S. EVE, Esq.
- 2830 C. Numerous gall-stones removed by cholecystotomy. Dr. LEDIARD.
- 2868 A. Atrophied spleen. Dr. J. E. CARTER.
- 2873 A. Fibroid thickening of the capsule of a spleen. J. R. LUNN, Esq.
- 2886 A. Lymphadenoma of spleen, so-called "hardbake spleen." Dr. GOODHART.
- A 2887. Secondary round-celled melanotic sarcoma of spleen. Dr. GOODHART.
- A 2894. An enlarged thyroid from a case of exophthalmic goitre.
- 2902 A. Bilateral enlargement of thyroid gland, dissected to show the relation of the blood-vessels.
- 2902 B. Bilateral enlargement of the thyroid gland, to show fatal compression of the trachea which is common in this form of the disease.
- 2902 C. Unilateral enlargement of the thyroid gland with cystic degeneration.
- 2902 D. Cast of the interior of the trachea from the preceding specimen, showing twisting and flattening of it.
- 2903 A. General enlargement of thyroid gland from a young man, showing a calcified cyst.
- 2903 B. Enlargement of thyroid gland with calcification.
- 2904 A. Unilateral enlargement of the thyroid gland with cyst-formation.
- 2905 A. A cyst filled with blood, and projecting from an enlarged thyroid gland. It was removed by operation.
- 2905 B. Loose bodies from a cyst in the thyroid gland.

Accompanying, with the nine preceding specimens, the Jacksonian Prize Essay of Mr. JAMES BERRY, 1886.

No. in Catal.

*Donors.*

- 2906 A. Atrophied thyroid from a case of myxœdema.  
 2906 B. Face of the same patient, showing the appearances presented in myxœdema.  
 2906 c & d. Atrophied thyroid glands from patients with myxœdema.  
 2906 E. Senile atrophy of the thyroid gland.  
 2906 F. Miliary tubercle of thyroid gland,  
 B 2907. Circumscribed cystic adenoma of the thyroid gland removed by operation.  
 c 2907. A similar specimen. With the five preceding, accompanying the Jacksonian Prize Essay of Mr. JAMES BERRY, 1886.  
 2908 A. Primary cancer of the thyroid gland of a dog. — MORTON, Esq.  
 2908 B. Malignant disease of the thyroid gland.  
 Accompanying the Jacksonian Prize Essay of Mr. J. BERRY.  
 2908 c. Removal of one lobe of an enlarged thyroid. J. G. HOWES, Esq.  
 2908 d. A similar specimen.  
 2908 E. Division of the isthmus for bronchocele. The operation proved fatal.  
 With preceding, accompanying Jacksonian Prize Essay of Mr. J. BERRY.  
 3029 A. Aneurism of a cusp of a mitral valve. Dr. DREWITT.  
 3166 A. Large aneurismal dilatation of the first part of the aorta.  
 F. H. WARD, Esq.  
 3506 A. Section of a pedunculated sarcoma which was attached to the epiglottis and obstructed respiration. J. MCCARTHY, Esq.  
 3566 A. Extremely contracted granular kidney, containing cysts filled with cholesteroline. F. H. WARD, Esq.  
 3638 G. Uric acid calculus removed from a kidney. BERKELEY HILL, Esq.  
 3650 c. Rupture of a urinary bladder at the site of the cicatrix of an old rupture which occurred 7 years before death. H. MORRIS, Esq.  
 3650 d. Intra-peritoneal rupture of a bladder. Per S. G. SHATTOCK, Esq.  
 3748 A. Half of a mass of brain-substance, containing a scar, which was excised successfully from a patient who suffered from epilepsy.  
 3771 A. Tubercular tumour, excised successfully from the cortex of the brain.  
 3782 c. A glioma, which was also successfully removed from the brain.  
 Presented, with two preceding, by VICTOR HORSLEY, Esq.  
 3992 B. Glioma of the eye of a calf. Per D'ARCY POWER, Esq.  
 4030 B. Elephantiasis Arabum of a hand and forearm. Dr. J. D. MCCARTHY.  
 4129 A. The matted hair of a beard, six feet in length, from a man aged 87.  
 C. BLOXSOME, Esq.  
 4274 A. Circumscribed mass composed of several small cysts and fibrous tissue, removed from the situation of the organ of Giralddé.  
 H. MALLINS, Esq., per C. MACNAMARA, Esq.  
 4340 A. Circumscribed fibro-adenoma of the third lobe of prostate.  
 J. R. LUNN, Esq.  
 4488 c. Tubo-ovarian cysts.  
 4527 A. Masses of bone from a dermoid ovarian cyst.  
 With preceding by A. DORAN, Esq.  
 4532 c. Myxo-sarcoma of the ovary of a child. Dr. GOODHART.  
 A 4660. Sarcoma of the uterus. J. H. MEREDITH, Esq., per D'ARCY POWER, Esq.  
 A 4724. Pregnant uterus affected with myo fibromata, removed by Porro's operation. The mother and child are now living.  
 Sir T. SPENCER WELLS, Bart.  
 4771 A. Large fibro-adenoma of a breast, in a woman aged 50. Dr. LEDIARD.  
 4809 A. A fibro-adenoma enclosed by a scirrhus of the breast. The adenoma had been observed for twenty years. J. HUTCHINSON, Esq.  
 4810 A. Soft cancer of the mamma of a bitch, showing a large degeneration-cyst in its interior. E. BATT, Esq.



No. in Catal.

Donors.

- 4825 A. Stump after amputation through a knee-joint.  
 4825 B. Stump after an amputation through knee-joint, in which the patella was pegged to the femur.  
 4825 C. Stump after an amputation through the knee-joint, in which the patella was fixed to the lower end of the femur.  
 With two preceding by Dr. GOODHART.  
 4835 A. The upper thirds of two femora, showing atrophy of the left femur after amputation. G. POLLOCK, Esq.

## TERATOLOGICAL SERIES.

- 139 A. Ischiopagous foetus.  
 139 B. Ischiopagous foetus, with partial inclusion. The late JOHN GAY, Esq.  
 314 A. A humerus with a supra-condyloid process. Dr. SEYMOUR TAYLOR.  
 342 D. Absence of the right fore limb of a puppy. BROWN INSTITUTION.  
 377 C. A heart with a bifid apex. S. G. SHATTOCK, Esq.  
 396 D. Part of the intestine of a Duck (*Anas boschas*), with three cæca.  
 403 B. An imperforate anus with a small channel of communication between the rectum and bladder. Littré's operation was performed.  
 418 B. Duplex genito-urinary organs from No. 139 B. The late JOHN GAY, Esq.  
 427 C. A foetus with an undescended testicle on the right side.

## CALCULI.

- A large branched renal calculus. H. LANGLEY BROWNE, Esq.  
 Renal calculus from a case in which symptoms of it had existed fifteen years. Dr. LEADAM.  
 Calculus from the urinary bladder of a Turtle. MESSRS. RING & BRYMER.  
 G 21. Salivary calculus which was removed from Wharton's duct. W. ROSE, Esq.

## CASTS &amp;c.

- 589 A. A facsimile terra-cotta cast of a votive offering, from Pompeii, supposed to represent a person affected with small-pox. Purchased.

## SURGICAL INSTRUMENTS &amp;c.

- Models of Beaumont artificial leg and two artificial arms. General MAXWELL.  
 Additional facsimile models of the surgical instruments &c. found in the "house of the Surgeon," Pompeii. Series now complete. Purchased.

## DRAWINGS AND PHOTOGRAPHS.

- Drawing of a sarcoma springing from the matrix of a thumb-nail. The late ROYCE BELL, Esq.  
 Drawing from a case of disseminated melanotic sarcoma of the skin. Purchased.  
 Photograph of a woman affected with deformity of the limbs, probably the result of osteo-malacia.  
 Photograph of a man affected with osteitis deformans.  
 Photograph of the peculiarly contracted feet of a woman affected with locomotor ataxy.  
 Photograph of a man, over middle age, and affected with myxœdema, showing a puerile condition of the genitals.  
 Photograph of a boy affected with ichthyosis cornea.  
 With four preceding per J. R. LUNN, Esq.

No. in Catal.

*Donors.*

Fifty photographs illustrating diseases of the thyroid gland, accompanying the Jacksonian Prize Essay of Mr. James Berry, 1886.

Twelve drawings of genital ducts &c.

T. TAYLOR, Esq.

Collection of Drawings presented by OLIVER PEMBERTON, Esq. :—

Encephaloid tumour of cranium.  
Sarcoma of humerus.  
Spongy exostosis of femur.  
Osteo-sarcoma of cranium.  
Osteo-sarcoma of cranium.  
Osteo-sarcoma of lower end of femur.  
Melanotic sarcoma of skin.  
Sarcoma of fibula.  
Melanotic sarcoma of skin.  
Secondary melanotic growths on surface of heart.  
Primary malignant tumour in neck.  
Tumour of the breast.  
Primary growth of melanosis on cheek.  
Secondary melanotic growths in calvarium.  
Periosteal sarcoma of humerus.  
Secondary melanotic growths on surface of heart.  
Malignant tumour, beginning in lower end of femur.

Collection of Drawings presented by JONATHAN HUTCHINSON, Esq. :—

Exostoses from upper part of humerus.  
Detachment of epiphysis of great trochanter with much stripping-off of periosteum from the shaft.  
Extreme displacement backwards, after complete detachment, of the carpal epiphysis of the radius.  
Complete detachment of carpal epiphysis of the radius.  
Transverse fracture of carpal end of radius.  
Defective development of the radius, after injury to epiphysis in early life.  
Fracture, with comminution and impaction of the carpal end of radius.  
Fracture across carpal end of radius, with slight gaping, but no other displacement.  
Defective development of radius, after injury in early life to its epiphysis.  
Locomotor ataxy. Spontaneous fractures of radius and cubitus.  
Alterations in bones in connexion with locomotor ataxy.  
Elephantiasis ?  
Great œdema in a case of renal dropsy.  
Sarcomatous tumour of frontal bone.  
Hypertrophy and distension of sebaceous glands of the scrotum.  
"Kaposi's Disease."  
Disorganization of terminal joints of digits in connexion with inherited gout.  
Myeloid and cystic tumour in lower end of femur.  
Cheloid patches following scars of scalds.  
Common lupus of the foot.  
Rodent ulcer of upper eyelid.  
Rodent ulcer in advanced stage, involving entire orbit.  
Ureter plugged by a calculus, and distension of pelvis.  
Molluscum fibrosum.  
Diffuse lipomata of neck.  
Fibro-sarcomatous tumours of scalp.

Rodent ulcer of upper lip, cheek, and ala of nose.

"Kaposi's Disease."

Rodent ulcers in advanced stages.

Primary chancre on tongue.

Multiple malignant tumours in a boy.

Comb-like arrangement of bony framework of sarcomatous tumour of cranium.

Large sarcomatous tumour of cranium.

Molluscum fibrosum, showing numerous tumours, one of which, having become pendulous, simulates Pachydermatocele.

Multiple malignant subcutaneous tumours.

Lupus lymphaticus.

Dislocations and fractures in a patient the subject of advanced ataxia.

Cheloid nodules, developed in the scars of acne, on chest, shoulders, and face.

#### MICROSCOPIC SPECIMENS.

Thirty-one slides illustrative of diseases of the thyroid gland.

Accompanying the Jacksonian Prize Essay of Mr. J. BERRY.

Microscopic slides of morbid growths and other specimens added to the Museum during the year are preserved.

#### PHYSIOLOGICAL SERIES.

##### ORGANS OF MOTION, &c.

No. in Catal.

Donors.

- 279 B a. *Pleurobrachia pomiformis*, showing the eight meridional bands of plates formed of fused cilia, by which the animal swims. Prof. MOSELEY.
- 282 I. Left fore and hind foot of male *Echidna hystrix*. Purchased.
- 286 a A. Fore and hind foot of *Tragulus javanicus*, showing interdigital web (there is no special gland). J. ABRAHAM, Esq.
- 288 a A. *Sertularia gracilis*, showing the root-like network (hydrorhiza) by which it was attached to a seaweed. C. STEWART, Esq.
- 288 T. Limestone, on one side showing the large tunnels formed by a Sponge (*Cliona celata*); on the opposite side are looped passages produced by an Annelid. C. STEWART, Esq.
- 288 U. Crystalline limestone excavated by a Sponge (*Cliona celata*). C. STEWART, Esq.
- 288 V. *Hydractinia arborea*. The hydroid has invested and entirely absorbed the shell of the Gasteropod to which it was fixed. Purchased.
- 288 W. Rock excavated by Sea-urchin (*Strongylocentrotus lividus*). C. STEWART, Esq.

##### ORGANS OF DIGESTION.

- 291 B. Head of *Epomophorus macrocephalus*. The large cheek-folds prevent waste of the juice of the fruits on which the Bat feeds. O. THOMAS, Esq.
- 415 A. *Utricularia intermedia*. Some of the leaves are modified into bladder-like chambers, in which small crustacea and embryo-fish are captured and dissolved, furnishing nourishment to the plant. — GROVES, Esq.
- 446 A a. *Dasypeltis palmarum* (Tree-snake). This specimen has swallowed a hen's egg entire. In this genus the teeth are minute, and the mouth

## No. in Catal.

## Donors.

- and œsophagus exceedingly distensible. The eggs on which the Snake feeds are swallowed whole and broken in the œsophagus by the flexure of the spine and contraction of surrounding muscles. The breaking of the egg is assisted by dentine-tipped processes borne on the under surfaces of the bodies of the anterior vertebræ. Those in front project backwards, those behind forwards. A hen's egg is lodged in the œsophagus of this specimen.  
BRITISH MUSEUM.
- 502 c. Stomach &c. of *Lophius piscatorius*. Purchased.
- 504 B. Alimentary canal with the air-bladder, pancreas, and spleen of female *Acipenser sturio*. Purchased.
- 533 A a. Stomach &c. of Emeu (*Dromæus novæ-hollandiæ*). Purchased.
- 541 A a. Stomach and portion of small intestine and ducts from a male and female *Ornithorhynchus paradoxus*. In the former the stomach is distended; in the latter contracted. W. H. ALLCHIN, Esq.
- 541 c a. Stomach of *Echidna hystrix*. Purchased.
- 554 A a. Stomach of *Tragulus javanicus*. J. ABRAHAM, Esq.
- 652 B. Small intestine with pancreas and small portion of the stomach attached of *Læmargus borealis*. A bristle with a green bead has been passed through the ductus choledocus, and one with a red bead into the pancreatic duct. W. COWAN, Esq.
- 652 c. Large intestine, cloaca &c. of Greenland Shark (*Læmargus borealis*). W. COWAN, Esq.
- 692 A. Small intestine of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 725 B da. Cæcum of *Lemur anjuanensis*. J. ABRAHAM, Esq.
- 729 F a. Cæcum of *Echidna hystrix*. Purchased.
- 729 G a. Cæcum of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 774 c. Pancreas of *Galeus vulgaris*, with portion of intestine attached. Purchased.
- 804 A b. Liver of *Echidna hystrix*. Purchased.
- 804 T. Liver of *Lemur anjuanensis*. J. ABRAHAM, Esq.
- 809 M a. Liver of *Tragulus javanicus*. J. ABRAHAM, Esq.
- 831 L. Spleen of Emeu. J. ABRAHAM, Esq.
- 835 N a. Spleen of *Tragulus javanicus*. J. ABRAHAM, Esq.
- 838 G. Spleen of *Echidna hystrix*. Purchased.
- 838 G a. Spleen of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 1500 G a. Tongue of *Tragulus javanicus*. J. ABRAHAM, Esq.
- 1526 B. Base of tongue, showing extension of foramen cæcum to hyoid bone.

## ORGANS OF CIRCULATION.

- 923 B aa. Heart of Emeu (*Dromæus novæ-hollandiæ*). Purchased.
- 923 B f. Heart of *Echidna hystrix*. Purchased.
- 928 F a. Heart of *Tragulus javanicus*. J. ABRAHAM, Esq.

## RESPIRATORY AND SOUND-PRODUCING ORGANS.

- 1044 B. Branchiæ and air-bladder of *Ceratodus forsteri*. The air-bladder communicates with the ventral wall of the œsophagus by a longitudinal slit. The sides of the bladder are amplified by pouches with a reticulated interior. College Stores.
- 1127 c. Lungs of *Echidna hystrix*. Purchased.
- 1157 E. Head of *Crocodilus*. The communication between mouth and nose is closed by a prolongation of the hyoid which meets the soft palate. College Stores.



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Donors.

1165 f. Two larynges of *Ornithorhynchus paradoxus*.

W. H. ALLCHIN, Esq.

1170 D ab. Larynx of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1174 A a. Human glottis and adjoining parts.

## URINARY ORGANS.

1195 A. Kidneys of Emeu.

Purchased.

1242 D. Section of human kidney. Arteries and veins injected.

## ADRENALS.

1278 B. Adrenals and kidneys of *Ornithorhynchus paradoxus*.

W. H. ALLCHIN, Esq.

1287 B. Adrenals and kidneys of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1291 F. Adrenals, kidneys, and their blood-vessels from child at birth.

Purchased.

## NERVOUS SYSTEM AND ORGANS OF SENSE.

1308 N. Brain and cranial nerves of *Lophius piscatorius*. The pineal gland and pituitary body are borne on long pedicles.

Purchased.

1309 B. Brain of *Ceratodus forsteri*.

College Stores.

1311 B c. Brain of *Laemargus borealis*.

W. COWAN, Esq.

1311 B d. Brain of *Notidanus griseus*.

Dr. GÜNTHER.

1328 F a. Brain of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1567 K a. Otoliths from right and left labyrinths of *M. chelo*.1567 s. Right membranous labyrinth of *Clupea alosa*. Parts of the periotic bones are left to show the pear-shaped and rounded chambers in which are lodged the bifid anterior termination of the air-bladder.1568 c. Membranous labyrinths of *Ceratodus forsteri*.

College Stores.

1568 D. Otoliths of *Ceratodus forsteri*.

College Stores.

1574 B. Left membranous labyrinth of *Lamna cornubica*.

Purchased.

1574 c, 1574 D. Membranous labyrinths of *Carcharias lamia*.

Purchased.

1574 E, 1574 F. Membranous labyrinths of *Notidanus griseus*.

Dr. GÜNTHER.

1574 G, 1574 H. Membranous labyrinths of *Laemargus borealis*.

W. COWAN, Esq.

1575 A. Right membranous labyrinth, tympanic cartilage, and columella auris of *Rana catesbiana*.

College Stores.

1575 B. Left half of the head of *Rana catesbiana*. The membranous labyrinth is exposed, and the posterior half of the membrana tympani and wall of the tympanum have been removed. A bristle is passed in front of the columella through the eustachian opening.

College Stores.

1575 c. Skull of *Pipa americana*. A black bristle has been passed through the Eustachian tube, and a green one through the fenestra ovalis. On the right side the stapes and extra-stapedial are painted blue, the medio-stapedial red.

College Stores.

1575 D. Head of *Pipa americana*. A bristle indicates the unpaired opening of the Eustachian tubes and projects behind the right middle stapedial bone. A red rod has been passed through the right nasal openings.

College Stores.

1576 A. Skull of *Hatteria apunctatus*, showing the fusion of the lesser horn of the hyoid with the extra-stapedial cartilage.

F. E. BEDDARD, Esq.

1607 A. Head of *Megaderma frons*, showing large and confluent external ears, and leaf-like appendage to nose.

O. THOMAS, Esq.



- No. in Catal. Donors.
- 1609 A a. Right half of the head of *Echidna hystrix*, showing the external auditory passage with its walls strengthened by imperfect rings and plates of cartilage, with the muscles that open and close its orifice. A bristle has been passed into the Eustachian tube. Purchased.
- 1699 A. Head of *Varanus*, showing the third eye on its dorsal surface. College Stores.
- 1699 B. Head of *Istiurus amboinensis*. The third eye is situated on a rounded eminence. College Stores.
- 1763 A. Muscles, &c. of right orbit of *Galeus communis*. The muscle that moves the third eyelid arises from the cartilaginous skull at the back of the orbit, passes beneath a muscular and then a fibrous bridge, and is inserted into the posterior angle of the third eyelid.
- 1763 B. Eyelids and their muscles of left eye of *Galeus communis*. A blue rod is inserted into the spiracle, in front of this is the muscular bridge which by contracting may straighten the border of the upper lid. Beneath this bridge and another formed by fibrous tissue passes the muscle of the third eyelid.
- 1771 A. Right eye and neighbouring parts of *Echidna hystrix*. Red rods have been passed under the oblique muscles; the superior oblique, unlike what is found in other mammals, but as in fish, reptiles, &c., arises from the nasal border of the orbit, the lachrymal gland lies between the recti muscles and the globe, and surrounds the optic nerve. A special muscle arises in common with the recti and is attached to the outer angle of the lower lid after passing through an ill-defined pulley; this muscle draws backwards the external canthus and so closes the lids. Purchased.
- 1786 A. Eye and eyelids of *Tragulus javanicus*, showing lachrymal glands. J. ABRAHAMS, Esq.
- 1797 B. Right eye of Emeu, showing muscles, glands, and eyelids. Purchased.

## SPECIAL GLANDS.

- 2092 A a. Skull and vertebral column of *Cobitis taenia*. A pair of parapophyses immediately behind the head are expanded, and form a bony case for the anterior chamber of the air-bladder. A. DORAN, Esq.
- 2174 B b. Anal glands of *Mustela erminea*. E. G. LODER, Esq.
- 2164 c. Right hind limb of male *Ornithorhynchus*, showing the gland, duct, and perforated spur. W. H. ALLCHIN, Esq.
- 2164 d. Gland, duct, and spur of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- 2164 e. Gland, duct, and spur of *Echidna hystrix*, that of the right side shows numerous glands connected with its sheath. Purchased.
- 2164 f. Right hind limb of *Echidna hystrix*, showing gland, duct, and spur. Purchased.

## ORGANS OF GENERATION.

- B 2471. Uro-genital organs of *Echidna hystrix*. Purchased.
- D 2471. Male generative organs of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- C 2471. Male generative organs of *Echidna hystrix*. Purchased.
- 2564 A. Male generative organs of *Lemur anjuanensis*. J. ABRAHAMS, Esq.
- 2734 B b. Female organs of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- 2754 A. Female generative organs of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 3201 A. Portion of ovary of *Galeus vulgaris*, showing ova in various stages of development. Purchased.

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Donors.

3781 B. *Aglaophenia myriophyllum*. One branch shows the corbulæ (modified pinnae) which protect the gonophores (generative buds).

C. STEWART, Esq.  
Purchased.

Egg of *Aepyornis maximus*.

## HUMAN ANATOMY.

Abdominal and pelvic viscera with the peritoneum intact, from a child at birth.

64 B aa. Deep muscles of under surface of tongue.

64 B c. Deep muscles of larynx.

272 s a. Interosseous ligaments between os calcis and astragalus of left side.

272 s b. Interosseous ligaments between scaphoid and cuboid of left side.

272 s c. Interosseous ligaments between cuboid and external cuneiform bones, and between the third cuneiform and second and third metatarsal bones. The middle cuneiform bone is removed, but the ligament remains (right side).

272 s d. Interosseous ligaments between the three cuneiform bones.

272 s e. Interosseous ligaments between the four outer metatarsal bones.

772 r b. Tip of tongue showing glands of Nuhn.

939 q a. Arteries of scapular region.

1380 q f. Tongue showing distribution of glossopharyngeal nerves.

1380 q g. Arteries and nerves of tongue.

1382 B. Sympathetic system and blood-vessels of the abdomen and pelvis.

## SPECIAL SERIES.

66 A. *Waldheimia australis*, dissected to show its "arms."

College Stores.

68 D. *Ascidia conglomerata*, and its appendicularian larvæ.

Prof. MOSELEY.

228 A. *Pleurobrachia pomiformis*.

Prof. MOSELEY.

258 A. *Sycon ciliatum*.

C. STEWART, Esq.

258 B. *Leucosolenia lacunosa*.

— PRIEST, Esq.

## OSTEOLOGICAL SERIES.

124 A. Skull of male European with frontal deformity.

V. TIBBS, Esq.

287 c. Skull of Negro with the second upper bicuspids displaced inwards. The tooth on the left side has attained its normal size; the crown of that on the right side is still partly concealed by the hard palate.

Purchased.

325 A. Cranium of early Briton found at Ancaster, near Grantham.

F. NEWCOMBE, Esq.

630 B. Skull of male Yasinese from Garkuch.

Surgeon G. M. GILES, F.R.C.S.

630 c. Skull, apparently female, from the same place.

Surgeon G. M. GILES, F.R.C.S.

630 D. Cranium from the same place.

Surgeon G. M. GILES, F.R.C.S.

630 E. Cranium from a grave at Parplish.

Surgeon G. M. GILES, F.R.C.S.

630 F. Mutilated skull, ♂, from Chitral District.

Surgeon G. M. GILES, F.R.C.S.

1195 B. Cranium of Australian ♂ from Banks Island, Torres Strait.

Purchased.

1223 A & B. Crania of a male and female Kaffir from Transkei Country, South Africa.

ARTHUR MAUDE.

## No. in Catal.

## Donors.

- 104 A. Skeleton of *Semnopithecus siamensis*. J. ABRAHAM, Esq.  
 203 A. Natural skeleton of a nearly adult male Squirrel Monkey (*Chrysotrrix sciurea*). J. ABRAHAM, Esq.  
 220 A. Skull of young male Brown Spider-Monkey (*Ateles hybridus*).  
 251 A. Skeleton of Black-eared Marmoset (*Hapale penicillata*). J. ABRAHAM, Esq.  
 268 A. Skull of *Lemur catta*. J. B. SUTTON, Esq.  
 276 A. Articulated skeleton of male *Lemur anjuanensis*. J. ABRAHAM, Esq.  
 711 A. Skeleton of a Stoat, ♀ (*Mustela erminea*). E. GILES LODER, Esq.  
 711 B--711 G. Skulls of Stoat, ♂ (*Mustela erminea*). E. GILES LODER, Esq.  
 715 A. Articulated skeleton of male Weasel (*Mustela vulgaris*). E. GILES LODER, Esq.  
 722 A, 722 B, 722 C, 722 D, 722 E. Skull of male Weasel (*Mustela vulgaris*). E. GILES LODER, Esq.  
 802 A. Skeleton of young male Kinkajou (*Cercoleptes caudivolvulus*). J. ABRAHAM, Esq.  
 1309 A. Skeleton of a Goat, ♂ (*Capra hircus*), 8 weeks old. Mr. J. MARLE.  
 1390 A. Skull of Grys-Bok, ♂ (*Neotragus melanotis*). Purchased.  
 1390 B. Skull of Grys-Bok, ♀ (*Neotragus melanotis*). Purchased.  
 1672 A. Mutilated skull of female Chevrotain (*Tragulus javanicus*). J. ABRAHAM, Esq.  
 1804 A. Articulated skeleton of Pygmy Hog, ♀ (*Sus salvanius*). Lord EBRINGTON.  
 2028 A. Skull of very old Horse (*Equus caballus*). Mr. J. EBBES.  
 2072 A. Skull of Horse at birth (*Equus caballus*).  
 3088 A. Articulated skeleton of *Tamias asiaticus*. J. ABRAHAM, Esq.  
 3160 B. Articulated skeleton of male common Mouse (*Mus musculus*). Mr. T. HAGAN.  
 3719 A. Articulated skeleton of *Macropus rufus*, female. J. ABRAHAM, Esq.  
 3742 A. Skull of Rock Kangaroo (*Macropus xanthopus*). J. ABRAHAM, Esq.  
 3957 A. Skull of male Echidna (*Echidna aculeata*). Purchased.

## BIRDS.

- Skeleton of *Calliste fastuosa*, ♀.  
 „ *Pycnonotus inornatus*, ♂.  
 „ *Pena capensis*, ♀.  
 „ *Estrela cinerea*, ♂.  
 „ *Poephila cincta*, ♂.  
 „ *Melopsittacus undulatus*, ♂.  
 „ *Comurus pertinax*.  
 „ *Calopsitta novæ-hollandiæ*, ♂.  
 „ *Cardinalis virginianus*, ♂.  
 „ *Paroaria cucullata*, ♀.  
 „ *Amadina orygivora*, ♀.  
 „ *Euplectes oryx*, ♂.  
 „ *Amadina guttata*, ♂.  
 „ *Munia punctularia*, ♂.  
 „ *Calliste fastuosa*.  
 „ *Colius capensis*, ♂.  
 „ *Hyphantornis capensis*, ♂.  
 „ *Euplectes melanogaster*.  
 „ *Cyanospiza cyanea*, ♂.  
 „ *Geopelia striata*, ♂.  
 „ *Sporopipes lepidonterus*, ♂.

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Donors.

Skeleton of *Vidua paradisæa*.

- „ *Amadina fasciata*, ♂.  
 „ *Amadina oryzivora*, ♂.  
 „ *Munia maja*.  
 „ *Paroaria cucullata*, ♀.  
 „ *Pyrrhuloxia leucotis*, ♀.  
 „ *Amadina guttata*, ♂.  
 „ *Pena capensis*, ♂.  
 „ *Estrela cinerea*, ♂.  
 „ *Stictopelia cuneata*, ♀.  
 „ *Rhamphastos ariel*, ♀.  
 „ *Cereopsis australis*.  
 „ *Anas boschas*, ♀.  
 „ *Cacatua leadbeateri*.  
 „ *Chrysotis ochrocephala*, ♂.  
 „ *Apteryx australis*.  
 „ *Gracula intermedia*, ♂.  
 „ *Lorius coccineus*, ♂.  
 „ *Dendrocynna arcuata*, ♀.  
 „ *Psittacus erithacus*, ♂.  
 „ *Rhamphastos carinatus*.  
 „ *Rhamphastos ariel*, ♂ ♀.  
 „ *Amadina oryzivora*.  
 „ *Melopsittacus undulatus*, ♂.  
 „ *Estrela cinerea*, ♂, and skull.  
 „ *Amadina guttata*, ♂ ♂.  
 „ *Quelea sanguinirostris*, ♂.  
 „ *Estrela subflava*, ♂.  
 „ *Amadina castanotis*, ♂.  
 „ *Vidua niten*, ♂.  
 „ *Xanthodina dentata*, ♂.  
 „ *Estrela cinerea*, ♂.  
 „ *Paroaria capitatus*, ♂.  
 „ *Melopsittacus undulatus*, ♂.  
 „ *Amadina castanotis*, ♂, ♀ ♀.  
 „ *Amadina oryzivora*, ♀.  
 „ *Euplectes melanogaster*.  
 „ *Vidua principalis*, ♂.  
 „ *Amadina fasciata*, ♀.  
 „ *Estrela formosa*, ♂.  
 „ *Euphema pulchella*, ♀.  
 „ *Phaps chalcoptera*, ♂ ♂.  
 „ *Munia acuticauda*, ♂.  
 „ *Calliste fastuosa*, ♀ ♀.  
 „ *Crithagra flaviventris*, ♀.  
 „ *Leiothrix luteus*, ♂.  
 „ *Pyrrhuloxia leucotis*, ♂.  
 „ *Dilophus carunculatus*, ♀.  
 „ *Patacornis torquata*, ♂.  
 „ *Chrysotis antioa*, ♂, skull and sternum.  
 „ *Leiothrix luteus*, ♀, skull.  
 „ *Phaps chalcoptera*, ♂, skull.  
 „ *Cacatua goffini*, ♂, skull.  
 „ *Dendrocynna arcuata*, ♀, skull.

All by J. ABRAHAM, Esq.



No. in Catal.

Donors.

- |  |   |                     |
|--|---|---------------------|
| Skeleton of <i>Turdus merula</i> , ♂ ♀.                                | } | F. S. EVE, Esq.     |
| „ <i>Falco nisus</i> , ♂.  |   |                     |
| „ <i>Falco tinnunculus</i> ?   |   |                     |
| „ <i>Passer domestica</i> .  |   | Mr. W. H. GEORGE.   |
| „ <i>Turdus merula</i> , ♂.  | } |                     |
| „ <i>Fringilla cælebs</i> .  |   |                     |
| „ <i>Corvus corax</i> , ♂.   |   | Mr. W. SIBLEY.      |
| „ <i>Corvus monedula</i> .   |   |                     |
| „ <i>Corvus corax</i> , ♀.   | } |                     |
| „ <i>Turdus musicus</i> , ♂.   |   |                     |
| „ <i>Turdus iliacus</i> , ♀.   |   | Mr. T. DEVONSHIRE.  |
| „ Felt. Skull.   |   | H. SAWYER, Esq.     |
| 1309 B. Skull and hyoid of Stork ( <i>Xenorhynchus senegalensis</i> ). |   | ZOOLOGICAL SOCIETY. |
| 358 A. Skeleton of Emeu ( <i>Dromæus novæ-hollandiæ</i> ) at hatching. |   | E. G. LODER, Esq.   |
- A 961 B. Skull of Snapping Turtle (*Chelydra temminckii*).
- 590 c. Vertebral column of *Rana catesbiana*. A red bristle indicates the inter-vertebral foramen between the first and second vertebræ. College Stores.
- 598 P. Vertebral column of *Rana macrodon*. As an abnormal feature in this individual the formation of the apparent first vertebra by the fusion of two is very evident, owing to the second vertebra possessing transverse processes and the large size of the foramina for the spinal nerves. The foramen on the left side is indicated by a bristle. College Stores.
- 598 a. Vertebral column of *Pipa americana*.
- |  |   |            |
|--|---|------------|
| 387 A a. Dental covering of the jaw of a <i>Cestracion</i> from Japan. | } | Purchased. |
| 387 A b. Dental covering of the jaw of a <i>Cestracion</i> from Japan. |   |            |
| 387 A c. Dental covering of the jaw of a <i>Cestracion</i> from Japan. |   |            |
- 402 A. Jaws of *Galeus communis*, ♂. C. STEWART, Esq.
- 514 B. Jaws of Skate (*Raia batis*) from Plymouth. C. STEWART, Esq.
- 520 A. Jaws of a female Thornback Ray (*Raia clavata*). C. STEWART, Esq.
- 520 B. Jaws of a male Thornback (*Raia clavata*). C. STEWART, Esq.
- 402 B. Jaws of Greenland Shark (*Læmargus borealis*). W. COWAN, Esq.
- Skull of Globe-fish (*Diodon hystrix*). Purchased.
- 358 A. Skull of *Tetrodon lunaris*. College Stores.
- 179 A. Skeleton of Plaice (*Pleuronectes platessa*). Purchased.
- 345 A. Skull of Porcupine-fish (*Diodon hystrix*). Purchased.
- 235 A. Jaws of Snapper (*Pagrus unicolor*). Purchased.
- Skull of Shad. Purchased.
- 374 A. Cartilaginous skull, branchial arches, shoulder-girdle, and portion of vertebral column of *Acipenser sturio*. Purchased.

C. STEWART,

Conservator.

July 4th, 1887.





# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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## ANNUAL REPORT OF THE CONSERVATOR TO THE MUSEUM COMMITTEE.

(Presented July 4th, 1887.)

### PATHOLOGICAL DEPARTMENT.

THE additions to the Pathological Department during the past year number 121 specimens, besides Teratological specimens and Calculi, and are as numerous, valuable, and interesting as those of former years. Among them is the complete articulated skeleton of a man affected with osteitis deformans. The number of the additions to the Drawings and Photographs is rendered larger than usual by the presentation of a valuable collection of Drawings by Mr. Jonathan Hutchinson; also by the presentation of the collection of Mr. Oliver Pemberton, and some fifty Photographs accompanying the Jacksonian Prize Essay for 1886.

An Appendix to the Pathological Catalogue has been prepared by Mr. Frederic Eve, the Pathological Curator, and is ready for publication. It contains descriptions of nearly 400 specimens, constituting the additions to the Museum since the completion of the several volumes of the Pathological Catalogue, of which the last was published in 1885. The descriptions in this Appendix will be interleaved in the Catalogues in use in the Museum, and thus a complete record of specimens up to date will be accessible. Descriptions of the larger proportion of specimens added during this year are included in the Appendix.

The nucleus of a series of specimens for examination purposes has been formed.

The work, now for some years in progress, of revising and improving the Pathological collection by remounting some and placing other specimens in more suitable bottles, is completed.

It may also be remarked that a considerable number of pathological specimens have been received for examination and report by the Pathological Curator, and that the material from such sources is rapidly increasing, and often furnishes valuable specimens to enrich the Collection.

## DEPARTMENT OF COMPARATIVE ANATOMY.

The most noteworthy additions to Human Osteology during the past year are five skulls from the Hindu-Kush district of India, presented by Mr. Giles, F.R.C.S. These are probably the only skulls from that district yet obtained for any European Museum.

A Catalogue of specimens of the Skeletons of Mammalia other than Man available for exchange is nearly complete. Whilst making this Catalogue, numerous missing portions of specimens already contained in the published Catalogue of the Osteological Series have been discovered and restored to the skeletons of which they originally formed a part.

In view of the publication of a new Catalogue of the Osteology of Birds, a number of new skeletons have been added of species which have been hitherto unrepresented, or represented only by indifferent specimens. For liberal help in furthering this object, the Museum is greatly indebted to the kindness of Mr. J. Abrahams.

Besides valuable additions by gifts, the College has acquired by purchase a fine specimen of the egg of *Æpyornis maximus*, interesting not only from its size, but also from its having probably given origin to the Arabian tales of the Roc.

Examples of the skill of Mr. Pearson are to be seen in the dissection of the vessels and nerves of the abdomen, the muscles and nerves of the tongue, &c.

## LIST OF SPECIMENS

## ADDED TO THE MUSEUM SINCE THE LAST ANNUAL REPORT.

## PATHOLOGICAL SERIES.

No. in Catalogue.	Donors.
81 B. An elbow-joint fixed in the flexed position by an extensive cicatrix.	T. COOKE, Esq.
232 A. A loculated cyst, apparently bursal, over the pomum Adami.	From a dissection-subject.
256 E. Dermoid cyst of the first branchial cleft; removed from the front of the ear.	T. BRYANT, Esq.
312 A. Multiple fatty tumours removed from the arms of a woman.	F. S. EVE, Esq.
370 B. Congenital lobulated fibroma removed from the back.	Dr. GOODHART.
372 A. Fibroma which was attached to Poupart's ligament.	LAWSON TAIT, Esq.
402 A. Adeno-sarcoma connected with the submaxillary gland.	F. S. EVE, Esq.
433 A. Sarcoma springing from the matrix of the nail of a great toe.	F. S. EVE, Esq.
436 B. Fibro-sarcoma removed from the structures over the superior maxilla.	CHRISTOPHER HEATH, Esq.
476 A. Epithelioma in the cleft between two toes.	JONATHAN HUTCHINSON, Esq.

No. in Catal.

*Donors.*

- 489 A. Rodent ulcer of upper eyelid. W. RIVINGTON, Esq.
- A 547. Larynx and trachea from a rabbit which died of rabbit rabies, showing injection of the mucous membrane.
- B 547. Stomach of the same, showing ecchymoses.
- With the preceding by VICTOR HORSLEY, Esq.
- 693 A. Osteo-porosis of the parietal bone, from an Egyptian tomb at Tell Nebeshch. Period Saite to Ptolemaic.
- Presented by the Committee of the Egypt Exploration Fund.
- 932 A. T-shaped and comminuted fracture of the lower end of a humerus.
- F. S. EVE, Esq.
- 1002 A. United intra-capsular fracture of the neck of femur. T. F. RAVEN, Esq.
- 1004 A. Ununited fracture of the neck of a femur. W. RUNDLE, Esq.
- 1016 A. Ununited fracture through the upper third of a femur, with extreme angular displacement owing to inability to apply extension from the presence of a fracture lower down in the shaft. F. S. EVE, Esq.
- 1041 B. Separation of the lower epiphysis of a femur. F. S. EVE, Esq.
- 1224 A. Thickening or hyperostosis of the alveolar process of a superior maxilla from chronic inflammation. C. HEATH, Esq.
- 1241 B f. Complete articulated skeleton from a case of osteitis deformans.
- 1241 B g. Section of the femur, from the same.
- 1241 B h. Posterior portion of the vertex of the skull, from the same case.
- 1353 A. Diffuse periostitis of tibia. The late JOHN GAY, Esq.
- 1594 A. Exostosis from crest of ilium. J. WOOD, Esq.
- 1633 A. Chondro-sarcoma of femur successfully removed by amputation at the hip-joint. F. S. EVE, Esq.
- 1647 C. Hæmorrhagic sarcoma of an ilium from a "bleeder." C. MACNAMARA, Esq.
- 1667 A. Myxo-sarcoma of a great toe secondary to a similar tumour involving the tibia and knee-joint. J. F. HARRIES, Esq.
- 1820 A. Extensive destruction of the articular cartilage of a humerus from pyæmic arthritis. Per S. G. SHATTOCK, Esq.
- 1888 B. Almost complete obliteration of the acetabulum, probably the result of disease. College Stores.
- 1914 A. Osteo-arthritis of an elbow-joint. Dr. LEDIARD.
- 1915 A. Base of a skull with osteo-arthritis of the glenoid cavity.
- 1915 B. Three lower jaws affected with the same disease.
- Presented with preceding by CHRISTOPHER HEATH, Esq.
- 1948 A. Gout of many of the articulations of a Parrot. J. B. SUTTON, Esq.
- 2061 A. Early spinal disease implicating chiefly an intervertebral disc. Per S. G. SHATTOCK, Esq.
- 2114 A. Angular curvature in the cervico-dorsal region. J. MACREADY, Esq.
- 2115 A. A portion of spine with a dorsal vertebra completely destroyed by secondary cancer. Dr. G. N. PITT.
- 2135 B a. Cast showing complete union of two posterior molar teeth.
- CHRISTOPHER HEATH, Esq.
2136. A misplaced tooth removed from the orbit of a child, aged 2 years.
- Dr. WARD COUSINS.
- 2138 A. Syphilitic teeth. JONATHAN HUTCHINSON, Esq.
- 2221 A. Chondro-sarcoma of a lower jaw. CHRISTOPHER HEATH, Esq.
- 2222 A. Recurrent myeloid sarcoma of a palate for which both maxillary bones were successfully removed. J. B. JESSETT, Esq.
- 2269 B. Sarcoma of tongue. H. T. BUTLIN, Esq., per D'ARCY POWER, Esq.
- 2271 A. Papillary growth covering nearly one half of a tongue of a woman who was an habitual smoker. F. S. EVE, Esq.
- 2273 E. Epithelioma of tongue without ulceration. F. S. EVE, Esq.



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- 2273 F. Epitheliomatous ulcer of tongue in a woman, aged 34. Dr. NEWMAN.  
 2300 A. Syphilitic stricture of œsophagus with ulceration penetrating the trachea. Dr. A. H. ROBINSON.  
 2522 A. Simple stricture of the intestine opposite to a diverticulum ilii, with a circumscribed dilatation of the intestine above it. Dr. NEWMAN.  
 2523 C. Lymphadenoma of the Peyer's patches of the small intestines. Per S. G. SHATTOCK, Esq.  
 2546 A. Tubercular nodules occupying the walls of the intestine of a fowl. F. S. EVE, Esq.  
 2546 B, C, & D. Tubercular nodules projecting from the mucous membrane of the intestines of a Rhea. J. B. SUTTON, Esq.  
 2549 C. A portion of the ileum of a dog, showing the line of union 24 hours after resection of a part of the bowel.  
 2549 D. A similar specimen, 3 days after resection.  
 2549 E. A similar specimen, 14 days after resection.  
 2549 F. A similar specimen, 1 month after resection.  
 2549 G. A similar specimen, 2 months after resection.  
 2549 H. A similar specimen, 3 months after resection.  
 2549 I. A similar specimen, 4 months after resection.  
 Presented, with the six preceding, by STANLEY BISHOP, Esq.  
 2551 A. Contraction of the ileo-cæcal valve by a morbid growth. E. H. FENWICK, Esq.  
 2593 B. High excision of rectum for cancer, the section of the bowel being made at least two inches above the reflection of peritoneum. Recovery after operation. F. S. EVE, Esq.  
 2747 A. Cirrhosis of the liver of a child. Per S. G. SHATTOCK, Esq.  
 2749 A. Large gumma of liver containing hydatids. Dr. GOODHART.  
 2758 B. Multiple cysts in a liver formed by dilatation of the bile-ducts. Dr. GRIFFITHS.  
 A 2759. Nævus of liver. F. S. EVE, Esq.  
 2830 C. Numerous gall-stones removed by cholecystotomy. Dr. LEDIARD.  
 2868 A. Atrophied spleen. Dr. J. E. CARTER.  
 2873 A. Fibroid thickening of the capsule of a spleen. J. R. LUNN, Esq.  
 2886 A. Lymphadenoma of spleen, so-called "hardbake spleen." Dr. GOODHART.  
 A 2887. Secondary round-celled melanotic sarcoma of spleen. Dr. GOODHART.  
 A 2894. An enlarged thyroid from a case of exophthalmic goitre.  
 2902 A. Bilateral enlargement of thyroid gland, dissected to show the relation of the blood-vessels.  
 2902 B. Bilateral enlargement of the thyroid gland, to show fatal compression of the trachea which is common in this form of the disease.  
 2902 C. Unilateral enlargement of the thyroid gland with cystic degeneration.  
 2902 D. Cast of the interior of the trachea from the preceding specimen, showing twisting and flattening of it.  
 2903 A. General enlargement of thyroid gland from a young man, showing a calcified cyst.  
 2903 B. Enlargement of thyroid gland with calcification.  
 2904 A. Unilateral enlargement of the thyroid gland with cyst-formation.  
 2905 A. A cyst filled with blood, and projecting from an enlarged thyroid gland. It was removed by operation.  
 2905 B. Loose bodies from a cyst in the thyroid gland.

Accompanying, with the nine preceding specimens, the Jacksonian Prize Essay of Mr. JAMES BERRY, 1886.



## No. in Catal.

## Donors.

- 2906 A. Atrophied thyroid from a case of myxœdema.  
 2906 B. Face of the same patient, showing the appearances presented in myxœdema.  
 2906 C & D. Atrophied thyroid glands from patients with myxœdema.  
 2906 E. Senile atrophy of the thyroid gland.  
 2906 F. Miliary tubercle of thyroid gland,  
 B 2907. Circumscribed cystic adenoma of the thyroid gland removed by operation.  
 C 2907. A similar specimen. With the five preceding, accompanying the Jacksonian Prize Essay of Mr. JAMES BERRY, 1886.  
 2908 A. Primary cancer of the thyroid gland of a dog. — MORTON, Esq.  
 2908 B. Malignant disease of the thyroid gland.  
 Accompanying the Jacksonian Prize Essay of Mr. J. BERRY.  
 2908 C. Removal of one lobe of an enlarged thyroid. J. G. HOWES, Esq.  
 2908 D. A similar specimen.  
 2908 E. Division of the isthmus for bronchocele. The operation proved fatal.  
 With preceding, accompanying Jacksonian Prize Essay of Mr. J. BERRY.  
 3029 A. Aneurism of a cusp of a mitral valve. Dr. DREWITT.  
 3166 A. Large aneurismal dilatation of the first part of the aorta.  
 F. H. WARD, Esq.  
 3506 A. Section of a pedunculated sarcoma which was attached to the epiglottis and obstructed respiration. J. MCCARTHY, Esq.  
 3566 A. Extremely contracted granular kidney, containing cysts filled with cholesteroline. F. H. WARD, Esq.  
 3638 G. Uric acid calculus removed from a kidney. BERKELEY HILL, Esq.  
 3650 C. Rupture of a urinary bladder at the site of the cicatrix of an old rupture which occurred 7 years before death. H. MORRIS, Esq.  
 3650 D. Intra-peritoneal rupture of a bladder. Per S. G. SHATTOCK, Esq.  
 3748 A. Half of a mass of brain-substance, containing a scar, which was excised successfully from a patient who suffered from epilepsy.  
 3771 A. Tubercular tumour, excised successfully from the cortex of the brain.  
 3782 C. A glioma, which was also successfully removed from the brain.  
 Presented, with two preceding, by VICTOR HORSLEY, Esq.  
 3992 B. Glioma of the eye of a calf. Per D'ARCY POWER, Esq.  
 4030 B. Elephantiasis Arabum of a hand and forearm. Dr. J. D. MCCARTHY.  
 4129 A. The matted hair of a beard, six feet in length, from a man aged 87.  
 C. BLOXSOME, Esq.  
 4274 A. Circumscribed mass composed of several small cysts and fibrous tissue, removed from the situation of the organ of Giralde.  
 H. MALLINS, Esq., per C. MACNAMARA, Esq.  
 4340 A. Circumscribed fibro-adenoma of the third lobe of prostate.  
 J. R. LUNN, Esq.  
 4488 C. Tubo-ovarian cysts.  
 4527 A. Masses of bone from a dermoid ovarian cyst.  
 With preceding by A. DORAN, Esq.  
 4532 C. Myxo-sarcoma of the ovary of a child. Dr. GOODHART.  
 A 4660. Sarcoma of the uterus. J. H. MEREDITH, Esq., per D'ARCY POWER, Esq.  
 A 4724. Pregnant uterus affected with myo fibromata, removed by Porro's operation. The mother and child are now living.  
 Sir T. SPENCER WELLS, Bart.  
 4771 A. Large fibro-adenoma of a breast, in a woman aged 50. Dr. LEDIART.  
 4809 A. A fibro-adenoma enclosed by a scirrhus of the breast. The adenoma had been observed for twenty years. J. HUTCHINSON, Esq.  
 4810 A. Soft cancer of the mamma of a bitch, showing a large degeneration cyst in its interior. E. BATT, Esq.

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Donors.

- 4825 A. Stump after amputation through a knee-joint.  
 4825 B. Stump after an amputation through knee-joint, in which the patella was pegged to the femur.  
 4825 C. Stump after an amputation through the knee-joint, in which the patella was fixed to the lower end of the femur.  
 With two preceding by Dr. GOODHART.  
 4835 A. The upper thirds of two femora, showing atrophy of the left femur after amputation. G. POLLOCK, Esq.

### TERATOLOGICAL SERIES.

- 139 A. Ischiopagous foetus.  
 139 B. Ischiopagous foetus, with partial inclusion. The late JOHN GAY, Esq.  
 314 A. A humerus with a supra-condyloid process. Dr. SEYMOUR TAYLOR.  
 342 D. Absence of the right fore limb of a puppy. BROWN INSTITUTION.  
 377 C. A heart with a bifid apex. S. G. SHATTOCK, Esq.  
 396 D. Part of the intestine of a Duck (*Anas boschas*), with three caeca.  
 403 B. An imperforate anus with a small channel of communication between the rectum and bladder. Littré's operation was performed.  
 418 B. Duplex genito-urinary organs from No. 139 B. The late JOHN GAY, Esq.  
 427 C. A foetus with an undescended testicle on the right side.

### CALCULI.

- A large branched renal calculus. H. LANGLEY BROWNE, Esq.  
 Renal calculus from a case in which symptoms of it had existed fifteen years. Dr. LEADAM.  
 Calculus from the urinary bladder of a Turtle. Messrs. RING & BRYMER.  
 6 21. Salivary calculus which was removed from Wharton's duct. W. ROSE, Esq.

### CASTS &c.

- 589 A. A facsimile terra-cotta cast of a votive offering, from Pompeii, supposed to represent a person affected with small-pox. Purchased.

### SURGICAL INSTRUMENTS &c.

- Models of Beaumont artificial leg and two artificial arms. General MAXWELL.  
 Additional facsimile models of the surgical instruments &c. found in the "house of the Surgeon," Pompeii. Series now complete. Purchased.

### DRAWINGS AND PHOTOGRAPHS.

- Drawing of a sarcoma springing from the matrix of a thumb-nail. The late ROYES BELL, Esq.  
 Drawing from a case of disseminated melanotic sarcoma of the skin. Purchased.  
 Photograph of a woman affected with deformity of the limbs, probably the result of osteo-malacia.  
 Photograph of a man affected with osteitis deformans.  
 Photograph of the peculiarly contracted feet of a woman affected with locomotor ataxy.  
 Photograph of a man, over middle age, and affected with myxoedema, showing a puerile condition of the genitals.  
 Photograph of a boy affected with ichthyosis cornea.  
 With four preceding per J. R. LUNN, Esq.

No. in Catal.

*Donors.*

Fifty photographs illustrating diseases of the thyroid gland, accompanying the Jacksonian Prize Essay of Mr. James Berry, 1886.

Twelve drawings of genital ducts &c.

T. TAYLOR, Esq.

Collection of Drawings presented by OLIVER PEMBERTON, Esq. :—

Encephaloid tumour of cranium.  
Sarcoma of humerus.  
Spongy exostosis of femur.  
Osteo-sarcoma of cranium.  
Osteo-sarcoma of cranium.  
Osteo-sarcoma of lower end of femur.  
Melanotic sarcoma of skin.  
Sarcoma of fibula.  
Melanotic sarcoma of skin.  
Secondary melanotic growths on surface of heart.  
Primary malignant tumour in neck.  
Tumour of the breast.  
Primary growth of melanosis on cheek.  
Secondary melanotic growths in calvarium.  
Periosteal sarcoma of humerus.  
Secondary melanotic growths on surface of heart.  
Malignant tumour, beginning in lower end of femur.

Collection of Drawings presented by JONATHAN HUTCHINSON, Esq. :—

Exostoses from upper part of humerus.  
Detachment of epiphysis of great trochanter with much stripping-off of periosteum from the shaft.  
Extreme displacement backwards, after complete detachment, of the carpal epiphysis of the radius.  
Complete detachment of carpal epiphysis of the radius.  
Transverse fracture of carpal end of radius.  
Defective development of the radius, after injury to epiphysis in early life.  
Fracture, with comminution and impaction of the carpal end of radius.  
Fracture across carpal end of radius, with slight gaping, but no other displacement.  
Defective development of radius, after injury in early life to its epiphysis.  
Locomotor ataxy. Spontaneous fractures of radius and cubitus.  
Alterations in bones in connexion with locomotor ataxy.  
Elephantiasis ?  
Great œdema in a case of renal dropsy.  
Sarcomatous tumour of frontal bone.  
Hypertrophy and distension of sebaceous glands of the scrotum.  
"Kaposi's Disease."  
Disorganization of terminal joints of digits in connexion with inherited gout.  
Myeloid and cystic tumour in lower end of femur.  
Cheloid patches following scars of scalds.  
Common lupus of the foot.  
Rodent ulcer of upper eyelid.  
Rodent ulcer in advanced stage, involving entire orbit.  
Ureter plugged by a calculus, and distension of pelvis.  
Molluscum fibrosum.  
Diffuse lipomata of neck.  
Fibro-sarcomatous tumours of scalp.

Rodent ulcer of upper lip, cheek, and ala of nose.

"Kaposi's Disease."

Rodent ulcers in advanced stages.

Primary chancre on tongue.

Multiple malignant tumours in a boy.

Comb-like arrangement of bony framework of sarcomatous tumour of cranium.

Large sarcomatous tumour of cranium.

Molluscum fibrosum, showing numerous tumours, one of which, having become pendulous, simulates Pachydermatocele.

Multiple malignant subcutaneous tumours.

Lupus lymphaticus.

Dislocations and fractures in a patient the subject of advanced ataxia.

Cheloid nodules, developed in the scars of acne, on chest, shoulders, and face.

#### MICROSCOPIC SPECIMENS.

Thirty-one slides illustrative of diseases of the thyroid gland.

Accompanying the Jacksonian Prize Essay of Mr. J. BERRY.

Microscopic slides of morbid growths and other specimens added to the Museum during the year are preserved.

#### PHYSIOLOGICAL SERIES.

##### ORGANS OF MOTION, &c.

No. in Catal.

Donors.

279 B a. *Pleurobrachia pomiformis*, showing the eight meridional bands of plates formed of fused cilia, by which the animal swims. Prof. MOSELEY.

282 I. Left fore and hind foot of male *Echidna hystrix*. Purchased.

286 A a. Fore and hind foot of *Tragulus javanicus*, showing interdigital web (there is no special gland). J. ABRAHAMS, Esq.

288 A a. *Sertularia gracilis*, showing the root-like network (hydrorhiza) by which it was attached to a seaweed. C. STEWART, Esq.

288 T. Limestone, on one side showing the large tunnels formed by a Sponge (*Cliona celata*); on the opposite side are looped passages produced by an Annelid. C. STEWART, Esq.

288 U. Crystalline limestone excavated by a Sponge (*Cliona celata*).

C. STEWART, Esq.

288 V. *Hydractinia arborea*. The hydroid has invested and entirely absorbed the shell of the Gasteropod to which it was fixed. Purchased.

288 W. Rock excavated by Sea-urchin (*Strongylocentrotus lividus*).

C. STEWART, Esq.

##### ORGANS OF DIGESTION.

291 B. Head of *Epomophorus macrocephalus*. The large cheek-folds prevent waste of the juice of the fruits on which the Bat feeds.

O. THOMAS, Esq.

415 A. *Utricularia intermedia*. Some of the leaves are modified into bladder-like chambers, in which small crustacea and embryo-fish are captured and dissolved, furnishing nourishment to the plant. — GROVES, Esq.

446 A a. *Dasyptis palmarum* (Tree-snake). This specimen has swallowed a hen's egg entire. In this genus the teeth are minute, and the mouth



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- and œsophagus exceedingly distensible. The eggs on which the Snake feeds are swallowed whole and broken in the œsophagus by the flexure of the spine and contraction of surrounding muscles. The breaking of the egg is assisted by dentine-tipped processes borne on the under surfaces of the bodies of the anterior vertebræ. Those in front project backwards, those behind forwards. A hen's egg is lodged in the œsophagus of this specimen.  
BRITISH MUSEUM.
- 502 c. Stomach &c. of *Lophius piscatorius*. Purchased.
- 504 B. Alimentary canal with the air-bladder, pancreas, and spleen of female *Acipenser sturio*. Purchased.
- 533 A a. Stomach &c. of Emeu (*Dromæus novæ-hollandiæ*). Purchased.
- 541 A a. Stomach and portion of small intestine and ducts from a male and female *Ornithorhynchus paradoxus*. In the former the stomach is distended; in the latter contracted. W. H. ALLCHIN, Esq.
- 541 c a. Stomach of *Echidna hystrix*. Purchased.
- 554 A a. Stomach of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 652 B. Small intestine with pancreas and small portion of the stomach attached of *Lemargus borealis*. A bristle with a green bead has been passed through the ductus choledocus, and one with a red bead into the pancreatic duct. W. COWAN, Esq.
- 652 c. Large intestine, cloaca &c. of Greenland Shark (*Lemargus borealis*). W. COWAN, Esq.
- 692 A. Small intestine of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 725 B da. Cæcum of *Lemur anjavanensis*. J. ABRAHAMS, Esq.
- 729 F a. Cæcum of *Echidna hystrix*. Purchased.
- 729 G a. Cæcum of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 774 c. Pancreas of *Galeus vulgaris*, with portion of intestine attached. Purchased.
- 804 A b. Liver of *Echidna hystrix*. Purchased.
- 804 T. Liver of *Lemur anjavanensis*. J. ABRAHAMS, Esq.
- 809 M a. Liver of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 831 L. Spleen of Emeu. J. ABRAHAMS, Esq.
- 835 N a. Spleen of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 838 G. Spleen of *Echidna hystrix*. Purchased.
- 838 G a. Spleen of *Ornithorhynchus paradoxus*. W. H. ALLCHIN, Esq.
- 1500 G a. Tongue of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 1526 B. Base of tongue, showing extension of foramen cæcum to hyoid bone.

## ORGANS OF CIRCULATION.

- 923 Baa. Heart of Emeu (*Dromæus novæ-hollandiæ*). Purchased.
- 923 Bf. Heart of *Echidna hystrix*. Purchased.
- 928 Fa. Heart of *Tragulus javanicus*. J. ABRAHAMS, Esq.

## RESPIRATORY AND SOUND-PRODUCING ORGANS.

- 1044 B. Branchiæ and air-bladder of *Ceratodus forsteri*. The air-bladder communicates with the ventral wall of the œsophagus by a longitudinal slit. The sides of the bladder are amplified by pouches with a reticulated interior. College Stores.
- 1127 c. Lungs of *Echidna hystrix*. Purchased.
- 1157 E. Head of *Crocodylus*. The communication between mouth and nose is closed by a prolongation of the hyoid which meets the soft palate. College Stores.



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1165 *f.* Two larynges of *Ornithorhynchus paradoxus*.

W. H. ALLCHIN, Esq.

1170 *D ab.* Larynx of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1174 *A a.* Human glottis and adjoining parts.

## URINARY ORGANS.

1195 *A.* Kidneys of Emeu.

Purchased.

1242 *D.* Section of human kidney. Arteries and veins injected.

## ADRENALS.

1278 *B.* Adrenals and kidneys of *Ornithorhynchus paradoxus*.

W. H. ALLCHIN, Esq.

1287 *B.* Adrenals and kidneys of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1291 *F.* Adrenals, kidneys, and their blood-vessels from child at birth.

Purchased.

## NERVOUS SYSTEM AND ORGANS OF SENSE.

1308 *N.* Brain and cranial nerves of *Lophius piscatorius*. The pineal gland and pituitary body are borne on long pedicles. Purchased.1309 *B.* Brain of *Ceratodus forsteri*.

College Stores.

1311 *B c.* Brain of *Lamargus borealis*.

W. COWAN, Esq.

1311 *B d.* Brain of *Notidanus griseus*.

Dr. GÜNTHER.

1328 *F a.* Brain of *Tragulus javanicus*.

J. ABRAHAM, Esq.

1567 *K a.* Otoliths from right and left labyrinths of *M. chelo*.1567 *s.* Right membranous labyrinth of *Clupea alosa*. Parts of the periotic bones are left to show the pear-shaped and rounded chambers in which are lodged the bifid anterior termination of the air-bladder.1568 *c.* Membranous labyrinths of *Ceratodus forsteri*.

College Stores.

1568 *D.* Otoliths of *Ceratodus forsteri*.

College Stores.

1574 *B.* Left membranous labyrinth of *Lamna cornubica*.

Purchased.

1574 *c.*, 1574 *D.* Membranous labyrinths of *Carcharias lamia*.

Purchased.

1574 *E.*, 1574 *F.* Membranous labyrinths of *Notidanus griseus*.

Dr. GÜNTHER.

1574 *G.*, 1574 *H.* Membranous labyrinths of *Lamargus borealis*.

W. COWAN, Esq.

1575 *A.* Right membranous labyrinth, tympanic cartilage, and columella auris of *Rana catesbiana*.

College Stores.

1575 *B.* Left half of the head of *Rana catesbiana*. The membranous labyrinth is exposed, and the posterior half of the membrana tympani and wall of the tympanum have been removed. A bristle is passed in front of the columella through the eustachian opening.

College Stores.

1575 *c.* Skull of *Pipa americana*. A black bristle has been passed through the Eustachian tube, and a green one through the fenestra ovalis. On the right side the stapes and extra-stapedial are painted blue, the medio-stapedial red.

College Stores.

1575 *D.* Head of *Pipa americana*. A bristle indicates the unpaired opening of the Eustachian tubes and projects behind the right middle stapedial bone. A red rod has been passed through the right nasal openings.

College Stores.

1576 *A.* Skull of *Hatteria apunctatus*, showing the fusion of the lesser horn of the hyoid with the extra-stapedial cartilage.

F. E. BEDDARD, Esq.

1607 *A.* Head of *Megaderma frons*, showing large and confluent external ears, and leaf-like appendage to nose.

O. THOMAS, Esq.

- No. in Catal. Donors.
- 1609 A a. Right half of the head of *Echidna hystrix*, showing the external auditory passage with its walls strengthened by imperfect rings and plates of cartilage, with the muscles that open and close its orifice. A bristle has been passed into the Eustachian tube. Purchased.
- 1699 A. Head of *Varanus*, showing the third eye on its dorsal surface. College Stores.
- 1699 B. Head of *Istiurus amboinensis*. The third eye is situated on a rounded eminence. College Stores.
- 1763 A. Muscles, &c. of right orbit of *Galeus communis*. The muscle that moves the third eyelid arises from the cartilaginous skull at the back of the orbit, passes beneath a muscular and then a fibrous bridge, and is inserted into the posterior angle of the third eyelid.
- 1763 B. Eyelids and their muscles of left eye of *Galeus communis*. A blue rod is inserted into the spiracle, in front of this is the muscular bridge which by contracting may straighten the border of the upper lid. Beneath this bridge and another formed by fibrous tissue passes the muscle of the third eyelid.
- 1771 A. Right eye and neighbouring parts of *Echidna hystrix*. Red rods have been passed under the oblique muscles; the superior oblique, unlike what is found in other mammals, but as in fish, reptiles, &c., arises from the nasal border of the orbit, the lachrymal gland lies between the recti muscles and the globe, and surrounds the optic nerve. A special muscle arises in common with the recti and is attached to the outer angle of the lower lid after passing through an ill-defined pulley; this muscle draws backwards the external canthus and so closes the lids. Purchased.
- 1786 A. Eye and eyelids of *Tragulus javanicus*, showing lachrymal glands. J. ABRAHAMS, Esq.
- 1797 B. Right eye of Emeu, showing muscles, glands, and eyelids. Purchased.

## SPECIAL GLANDS.

- 2092 A a. Skull and vertebral column of *Cobitis taenia*. A pair of parapophyses immediately behind the head are expanded, and form a bony case for the anterior chamber of the air-bladder. A. DORAN, Esq.
- 2174 B b. Anal glands of *Mustela erminea*. E. G. LODER, Esq.
- 2164 c. Right hind limb of male *Ornithorhynchus*, showing the gland, duct, and perforated spur. W. H. ALLCHIN, Esq.
- 2164 d. Gland, duct, and spur of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- 2164 e. Gland, duct, and spur of *Echidna hystrix*, that of the right side shows numerous glands connected with its sheath. Purchased.
- 2164 f. Right hind limb of *Echidna hystrix*, showing gland, duct, and spur. Purchased.

## ORGANS OF GENERATION.

- B 2471. Uro-genital organs of *Echidna hystrix*. Purchased.
- D 2471. Male generative organs of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- C 2471. Male generative organs of *Echidna hystrix*. Purchased.
- 2564 A. Male generative organs of *Lemur anjuanensis*. J. ABRAHAMS, Esq.
- 2734 B b. Female organs of *Ornithorhynchus*. W. H. ALLCHIN, Esq.
- 2754 A. Female generative organs of *Tragulus javanicus*. J. ABRAHAMS, Esq.
- 3201 A. Portion of ovary of *Galeus vulgaris*, showing ova in various stages of development. Purchased.

No. in Catal.

Donors.

- 3781 B. *Aglaophenia myriophyllum*. One branch shows the corbulæ (modified pinnæ) which protect the gonophores (generative buds).

C. STEWART, Esq.  
Purchased.

Egg of *Æpyornis maximus*.

## HUMAN ANATOMY.

Abdominal and pelvic viscera with the peritoneum intact, from a child at birth.

64 B aa. Deep muscles of under surface of tongue.

64 B c. Deep muscles of larynx.

272 s a. Interosseous ligaments between os calcis and astragalus of left side.

272 s b. Interosseous ligaments between scaphoid and cuboid of left side.

272 s c. Interosseous ligaments between cuboid and external cuneiform bones, and between the third cuneiform and second and third metatarsal bones. The middle cuneiform bone is removed, but the ligament remains (right side).

272 s d. Interosseous ligaments between the three cuneiform bones.

272 s e. Interosseous ligaments between the four outer metatarsal bones.

772 i b. Tip of tongue showing glands of Nuhn.

939 q a. Arteries of scapular region.

1380 q f. Tongue showing distribution of glossopharyngeal nerves.

1380 q g. Arteries and nerves of tongue.

1382 B. Sympathetic system and blood-vessels of the abdomen and pelvis.

## SPECIAL SERIES.

66 A. *Waldheimia australis*, dissected to show its "arms."

College Stores.

68 D. *Ascidia conglomerata*, and its appendicularian larvæ.

Prof. MOSELEY.

228 A. *Pleurobrachia pomiformis*.

Prof. MOSELEY.

258 A. *Sycon ciliatum*.

C. STEWART, Esq.

258 B. *Leucosolenia lacunosa*.

— PRIEST, Esq.

## OSTEOLOGICAL SERIES.

124 A. Skull of male European with frontal deformity.

V. TIBBS, Esq.

287 c. Skull of Negro with the second upper bicuspsids displaced inwards. The tooth on the left side has attained its normal size; the crown of that on the right side is still partly concealed by the hard palate.

Purchased.

325 A. Cranium of early Briton found at Ancaster, near Grantham.

F. NEWCOMBE, Esq.

630 B. Skull of male Yasinese from Garkuch.

Surgeon G. M. GILES, F.R.C.S.

630 c. Skull, apparently female, from the same place.

Surgeon G. M. GILES, F.R.C.S.

630 D. Cranium from the same place.

Surgeon G. M. GILES, F.R.C.S.

630 E. Cranium from a grave at Parplish.

Surgeon G. M. GILES, F.R.C.S.

630 F. Mutilated skull, ♂, from Chitral District.

Surgeon G. M. GILES, F.R.C.S.

1195 B. Cranium of Australian ♂ from Banks Island, Torres Strait.

Purchased.

1223 A & B. Crania of a male and female Kaffir from Transkei Country, South Africa.

ARTHUR MAUDE.

## No. in Catal.

## Donors.

- 104 A. Skeleton of *Semnopithecus siamensis*. J. ABRAHAM, Esq.  
 203 A. Natural skeleton of a nearly adult male Squirrel Monkey (*Chrysothrix sciurea*). J. ABRAHAM, Esq.  
 220 A. Skull of young male Brown Spider-Monkey (*Ateles hybridus*).  
 251 A. Skeleton of Black-eared Marmoset (*Hapale penicillata*). J. ABRAHAM, Esq.  
 268 A. Skull of *Lemur catta*. J. B. SUTTON, Esq.  
 276 A. Articulated skeleton of male *Lemur anjuanensis*. J. ABRAHAM, Esq.  
 711 A. Skeleton of a Stoat, ♀ (*Mustela erminea*). E. GILES LODER, Esq.  
 711 B—711 G. Skulls of Stoat, ♂ (*Mustela erminea*). E. GILES LODER, Esq.  
 715 A. Articulated skeleton of male Weasel (*Mustela vulgaris*). E. GILES LODER, Esq.  
 722 A, 722 B, 722 C, 722 D, 722 E. Skull of male Weasel (*Mustela vulgaris*). E. GILES LODER, Esq.  
 802 A. Skeleton of young male Kinkajou (*Cercoleptes caudivulvus*). J. ABRAHAM, Esq.  
 1309 A. Skeleton of a Goat, ♂ (*Capra hircus*), 8 weeks old. Mr. J. MARLE.  
 1390 A. Skull of Grys-Bok, ♂ (*Neotragus melanotis*). Purchased.  
 1390 B. Skull of Grys-Bok, ♀ (*Neotragus melanotis*). Purchased.  
 1672 A. Mutilated skull of female Chevrotain (*Tragulus javanicus*). J. ABRAHAM, Esq.  
 1804 A. Articulated skeleton of Pygmy Hog, ♀ (*Sus salvanius*).  
 2028 A. Skull of very old Horse (*Equus caballus*). LORD EBRINGTON.  
 2072 A. Skull of Horse at birth (*Equus caballus*). Mr. J. EBBS.  
 3088 A. Articulated skeleton of *Tamias asiaticus*. J. ABRAHAM, Esq.  
 3160 B. Articulated skeleton of male common Mouse (*Mus musculus*). Mr. T. HAGAN.  
 3719 A. Articulated skeleton of *Macropus rufus*, female. J. ABRAHAM, Esq.  
 3742 A. Skull of Rock Kangaroo (*Macropus xanthopus*). J. ABRAHAM, Esq.  
 3957 A. Skull of male Echidna (*Echidna aculeata*). Purchased.

## BIRDS.

- Skeleton of *Calliste fastuosa*, ♀.  
 „ *Pycnonotus inornatus*, ♂.  
 „ *Pena capensis*, ♀.  
 „ *Estrela cinerea*, ♂.  
 „ *Poephila cincta*, ♂.  
 „ *Melopsittacus undulatus*, ♂.  
 „ *Conurus pertinax*.  
 „ *Calopsitta novæ-hollandiæ*, ♂.  
 „ *Cardinalis virginianus*, ♂.  
 „ *Paroaria cucullata*, ♀.  
 „ *Amadina oryzivora*, ♀.  
 „ *Euplectes oryx*, ♂.  
 „ *Amadina guttata*, ♂.  
 „ *Munia punctularia*, ♂.  
 „ *Calliste fastuosa*.  
 „ *Colius capensis*, ♂.  
 „ *Hyphantornis capensis*, ♂.  
 „ *Euplectes melanogaster*.  
 „ *Cyanospiza cyanea*, ♂.  
 „ *Geopelia striata*, ♂.  
 „ *Sporopines lepidopterus*, ♂.



No. in Catal.

Donors.

Skeleton of *Vidua paradisica*.

„	<i>Amadina fasciata</i> , ♂.
„	<i>Amadina oryzivora</i> , ♂.
„	<i>Munia maja</i> .
„	<i>Paroaria cucullata</i> , ♀.
„	<i>Pyrrulaula leucotis</i> , ♀.
„	<i>Amadina guttata</i> , ♂.
„	<i>Pena capensis</i> , ♂.
„	<i>Estrela cinerea</i> , ♂.
„	<i>Stictopelia cuneata</i> , ♀.
„	<i>Rhamphastos ariel</i> , ♀.
„	<i>Cereopsis australis</i> .
„	<i>Anas boschas</i> , ♀.
„	<i>Cacatua leadbeateri</i> .
„	<i>Chrysotis ochrocephala</i> , ♂.
„	<i>Apteryx australis</i> .
„	<i>Gracula intermedia</i> , ♂.
„	<i>Lorius coccineus</i> , ♂.
„	<i>Dendrocygna arcuata</i> , ♀.
„	<i>Psittacus erithacus</i> , ♂.
„	<i>Rhamphastos carinatus</i> .
„	<i>Rhamphastos ariel</i> , ♂ ♀.
„	<i>Amadina oryzivora</i> .
„	<i>Melopsittacus undulatus</i> , ♂.
„	<i>Estrela cinerea</i> , ♂, and skull.
„	<i>Amadina guttata</i> , ♂ ♂.
„	<i>Quelea sanguinirostris</i> , ♂.
„	<i>Estrela subflava</i> , ♂.
„	<i>Amadina castanotis</i> , ♂.
„	<i>Vidua niten</i> , ♂.
„	<i>Xanthodina dentata</i> , ♂.
„	<i>Estrela cinerea</i> , ♂.
„	<i>Paroaria capitatus</i> , ♂.
„	<i>Melopsittacus undulatus</i> , ♂.
„	<i>Amadina castanotis</i> , ♂, ♀ ♀.
„	<i>Amadina oryzivora</i> , ♀.
„	<i>Euplectes melanogaster</i> .
„	<i>Vidua principalis</i> , ♂.
„	<i>Amadina fasciata</i> , ♀.
„	<i>Estrela formosa</i> , ♂.
„	<i>Euphema pulchella</i> , ♀.
„	<i>Phaps chalcoptera</i> , ♂ ♂.
„	<i>Munia acuticauda</i> , ♂.
„	<i>Calliste fastuosa</i> , ♀ ♀.
„	<i>Crithagra flaviventris</i> , ♀.
„	<i>Leiothrix luteus</i> , ♂.
„	<i>Pyrrhulaula leucotis</i> , ♂.
„	<i>Dilophus carunculatus</i> , ♀.
„	<i>Patacornis torquata</i> , ♂.
„	<i>Chrysotis antioa</i> , ♂, skull and sternum.
„	<i>Leiothrix luteus</i> , ♀, skull.
„	<i>Phaps chalcoptera</i> , ♂, skull.
„	<i>Cacatua goffini</i> , ♂, skull.
„	<i>Dendrocygna arcuata</i> , ♀, skull.

All by J. ABRAHAMS, Esq.



No. in Catal.

Donors.

- |  |   |                     |
|--|---|---------------------|
| Skeleton of <i>Turdus merula</i> , ♂ ♀.                                | } |                     |
| „ <i>Falco nisus</i> , ♂.  |   | F. S. EVE, Esq.     |
| „ <i>Falco tinnunculus</i> ?   |   |                     |
| „ <i>Passer domestica</i> .  |   | Mr. W. H. GEORGE.   |
| „ <i>Turdus merula</i> , ♂.  | } |                     |
| „ <i>Fringilla caelebs</i> .   |   |                     |
| „ <i>Corvus corax</i> , ♂.   |   | Mr. W. SIBLEY.      |
| „ <i>Corvus monedula</i> .   | } |                     |
| „ <i>Corvus corax</i> , ♀.   |   |                     |
| „ <i>Turdus musicus</i> , ♂.   |   | Mr. T. DEVONSHIRE.  |
| „ <i>Turdus iliacus</i> , ♀.   | } |                     |
| „ Felt. Skull.   |   | H. SAWYER, Esq.     |
| 1309 B. Skull and hyoid of Stork ( <i>Xenorhynchus senegalensis</i> ). |   | ZOOLOGICAL SOCIETY. |
| 358 A. Skeleton of Emeu ( <i>Dromæus novæ-hollandiæ</i> ) at hatching. |   | E. G. LODER, Esq.   |
- A 961 B. Skull of Snapping Turtle (*Chelydra temminckii*).
- 590 C. Vertebral column of *Rana catesbiana*. A red bristle indicates the inter-vertebral foramen between the first and second vertebræ. College Stores.
- 598 P. Vertebral column of *Rana macrodon*. As an abnormal feature in this individual the formation of the apparent first vertebra by the fusion of two is very evident, owing to the second vertebra possessing transverse processes and the large size of the foramina for the spinal nerves. The foramen on the left side is indicated by a bristle. College Stores.
- 598 Q. Vertebral column of *Pipa americana*.
- |  |   |            |
|--|---|------------|
| 387 A a. Dental covering of the jaw of a <i>Cestracion</i> from Japan. | } | Purchased. |
| 387 A b. Dental covering of the jaw of a <i>Cestracion</i> from Japan. |   |            |
| 387 A c. Dental covering of the jaw of a <i>Cestracion</i> from Japan. |   |            |
- 402 A. Jaws of *Galeus communis*, ♂. C. STEWART, Esq.
- 514 B. Jaws of Skate (*Raia batis*) from Plymouth. C. STEWART, Esq.
- 520 A. Jaws of a female Thornback Ray (*Raia clavata*). C. STEWART, Esq.
- 520 B. Jaws of a male Thornback (*Raia clavata*). C. STEWART, Esq.
- 402 B. Jaws of Greenland Shark (*Lamargus borealis*). W. COWAN, Esq.
- Skull of Globe-fish (*Diodon hystrix*). Purchased.
- 358 A. Skull of *Tetrodon lunaris*. College Stores.
- 179 A. Skeleton of Plaice (*Pleuronectes platessa*). Purchased.
- 345 A. Skull of Porcupine-fish (*Diodon hystrix*). Purchased.
- 235 A. Jaws of Snapper (*Pagrus unicolor*). Purchased.
- Skull of Shad. Purchased.
- 374 A. Cartilaginous skull, branchial arches, shoulder-girdle, and portion of vertebral column of *Acipenser sturio*. Purchased.

C. STEWART,

Conservator.

July 4th, 1887.

Friday

~~Wana~~ 1,30

Baker 2,30

Hmre 3,30

# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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## ANNUAL REPORT OF THE CONSERVATOR TO THE MUSEUM COMMITTEE.

(Presented June 30th, 1886.)

### PATHOLOGICAL DEPARTMENT.

DURING the year palpable deficiencies in the Collection have been further supplied; and the additions, it is hoped, will not be found wanting in value, number, or variety. Many illustrations of Comparative Pathology, among them some of much interest, have again been added. A considerable number of duplicate and other specimens have been received from the Curators of the Museums of most of the larger London Hospitals. Advances in Surgery and novel procedures are illustrated by specimens of excision of the pylorus, calculi extracted by the supra-pubic operation from the bladder, and by nephro-lithotomy &c.

The positions of the several series in the Museum have been indicated by printed labels.

Descriptions of the specimens, to the number of some hundreds, added to the Collection during the progress and since the completion of the Catalogue have been prepared by Mr. Eve, the Pathological Curator.

### DEPARTMENT OF COMPARATIVE ANATOMY.

Since the last Annual Report the work of cleaning, re-numbering, and re-arranging the Osteological specimens of the Mammalia other than Man, according to the new Catalogue, has been completed; and labels have been attached to the specimens more prominently displayed.

The most noteworthy additions to the Collection during the year are:—The series of models of Pterosauria made by C. Heitgen of Munich; a large and fine specimen of a Spanish Donkey, presented by Mr. Sutherland. A series of sound-producing organs of Invertebrata has been obtained; it illustrates the chief modifications of these curious organs, of which there was no specimen in the Museum. The examples of organs of hearing in the Invertebrata being found only represented by that which is now known to be the kidney, the deficiency has been supplied by preparations showing some of the chief modifications. A considerable number of Birds' skeletons have been added, in view of a new edition of the Catalogue of Birds. To the special Invertebrate group a specimen of *Peripatus* and another of the same animal dissected, together with some dissections of the Urochorda, form the commencement of preparations by which it is intended to illustrate the general anatomy of type forms.

I have again the pleasure of specially alluding to the dissections made by Mr. W. Pearson with his accustomed skill, those of the Human lachrymal apparatus being of particular interest.

## LIST OF SPECIMENS

### ADDED TO THE MUSEUM SINCE THE LAST ANNUAL REPORT.

#### PATHOLOGICAL SERIES.

No. in Catalogue.	Donors.
210 B. Perforating ulcer of fore paw of Civet-cat.	
252 A. Cyst projecting from the trachea of an Emu.	
	With preceding by J. B. SUTTON, Esq.
256 D. Small dermoid cyst from region of second branchial fissure of a middle-aged man, who had observed it only ten years.	F. S. EVE, Esq.
303 A. Multilocular cyst removed from left hypochondrium of a young girl.	
	Dr. G. G. BANTOCK.
319 A & B. Fatty tumours from the sole of foot and palm of her hand.	
	Per D'ARCY POWER, Esq.
332 A. Symmetrical tumours on wings of a Cockateel.	J. B. SUTTON, Esq.
347 A. Osteo-chondroma removed from outer surface of thigh; it was unconnected with bone.	W. H. BATTLE, Esq., per S. G. SHATTOCK, Esq.
373 C. Pendulous molluscum fibrosum removed from hip.	Dr. LEDIARD.
A 377 & A 377 a. Sections of an ossifying fibroma from leg of Horse; it was unconnected with the bone.	E. BATT, Esq.
378 A. Myxo-fibroma projecting from behind the gill of a fish.	
	W. A. HEARNDEN, Esq.
399 B. Adenoma of breast of Lemur.	J. B. SUTTON, Esq.
400 B. Calcified adenoma of skin of back.	
	J. MARSHALL, Esq., per C. STONHAM, Esq.
409 A & B. Encapsuled angiomas from children.	F. S. EVE, Esq.

No. in Catalogue.

Donors.

- 441 A. Spindle-celled sarcoma of distal phalanx of thumb. ROYES BELL, Esq.  
 453 A. Cyndroma invading tibia : the second recurrence. J. WOOD, Esq.  
 458 A. Melanotic sarcoma of heel. ST. THOMAS' HOSPITAL.  
 518 A. Tumour of adrenal of a Marmot. J. B. SUTTON, Esq.  
 546 F. Tumour growing from the branch of a Pine. S. G. SHATTOCK, Esq.  
 679 B. Thorax of a rickety Monkey, showing bending of sternum, which presses upon the heart.  
 711 L. The scapulæ, humeri, and femora of a rickety Monkey, showing symmetrical changes in the bones and joints.  
     With preceding by J. B. SUTTON, Esq.  
 854 A. Compound fracture of skull, with a fissure on the opposite side, supposed to have been produced by *contre-coup*.  
 888 A. Fractures of ribs and costal cartilages. F. S. EVE, Esq.  
 945 A. Separation of epiphyses of capitellum and external condyle of humerus. J. WOOD, Esq.  
 955 A. Fracture of lower extremity of radius extending through the articular surface. Examination subject.  
 1043 B. Comminuted fracture of femur extending into knee-joint. Dr. LEDIARD.  
 1241 B & B d. Osteitis deformans. Dr. A. H. ROBINSON.  
 1583. Enchondroma of distal phalanx of great toe. F. S. EVE, Esq.  
 1645 B. Sarcoma of a finger, at first simulating gout. J. HUTCHINSON, Esq.  
 1646 B. Multiple sarcoma of bones of lower extremities of the same subject. Dr. CHARLEWOOD TURNER.  
 1646 c. Sarcoma of sole of foot, springing from the periosteum of her tarsal bones. Per D'ARCY POWER, Esq.  
 2005 A. Old excision of elbow. Dr. PENHALL.  
 2018 B. Repair after MacEwen's operation. A. WILLETT, Esq., per D'ARCY POWER, Esq.  
 2021 A. Old fracture of the atlas of a Tiger.  
 2021 B. Displacement of the atlas of an Ichneumon.  
 2055 A. Portion of spinal column of a Llama affected with osteo-arthritis.  
 2060 A. Spinal column of Python affected with the same disease.  
     With three preceding by J. B. SUTTON, Esq.  
 2177 B. Tartar attached to teeth. Examination subject.  
 2197 A. Follicular cyst of lower jaw of a Porcupine.  
 2197 B. Overgrowth of wall of follicle of displaced tooth in a Goat.  
     With three preceding by J. B. SUTTON, Esq.  
 2231 B. Central fibro-sarcoma of lower jaw. W. S. SAVORY, Esq.  
 2249 B. Encysted epithelial tumour of lower jaw, containing rudimentary dental structures. F. S. EVE, Esq.  
 2257 A. Cancerum oris. STANLEY BOYD, Esq.  
 A 2264. Horny epithelioma of upper lip. SPENCER WATSON, Esq.  
 2266 A. Discoloured papillary growths, described as black-fur on the tongue. Dr. LEDIARD.  
 2273 B. Epithelioma of dorsum of tongue which had been ulcerated for twenty years. C. HEATH, Esq.  
 2354 B. Myxo-sarcoma of great omentum. The tumour, which was removed, weighed 8 lbs. Sir T. SPENCER WELLS, Bart.  
 2382 A. Gizzard of Fowl transfixd by pins. Purchased.  
 2386 A. Stomach from a case of carbolic-acid poisoning.  
 2386 B. The duodenum from the same case. Per S. G. SHATTOCK, Esq.



No. in Catal.

Donors.

- A 2427. Pyloric orifice of stomach, which was excised for cancer.  
 B 2427. The stomach from the same case, showing the line of suture.  
 J. MACCARTHY, Esq.
- A 2456. Amyloid degeneration of intestinal mucous membrane.  
 S. G. SHATTOCK, Esq.
- A 2560. Rectum of Tiger dilated by an accumulation of sawdust which the animal had swallowed.  
 J. B. SUTTON, Esq.
- 2593 A. Rectum excised for cancer.  
 C. HEATH, Esq.
- 2645 A. Herniated intestine encircled by neck of sac; it was reduced *en masse*.  
 DR. LEDIARD.
- 2672 A. Symmetrical congenital inguinal hernia in a Monkey. J. B. SUTTON, Esq.
- 2754 A. Amyloid degeneration of liver.
- 2870 A. Amyloid degeneration of spleen. With preceding by S. G. SHATTOCK, Esq.
- 2918 A. Pericarditis in an Antelope.
- 2920 A. Simple pericarditis in a Monkey.
- 2920 B. Parasitic pericarditis in a Lizard.  
 With two preceding by J. B. SUTTON, Esq.
- 2963 A. Lympho-sarcoma of mediastinum projecting into right auricle.  
 Per S. G. SHATTOCK, Esq.
- 3011 A. Contraction of mitral valve of Bovine animal. J. B. SUTTON, Esq.
- 3052 A. Wound of carotid artery by a fish-bone which pierces the wall of pharynx; the artery was ligatured. W. RIVINGTON, Esq.
- 3058 B. Aneurismal varix of stump originating many years after amputation through popliteal space. Dr. A. H. ROBINSON.
- 3084 A. The ligature with which Mr. Aston Key first successfully tied the sub-clavian artery for axillary aneurism. T. BRYANT, Esq.
- 3189 A. Multiple aneurisms of arch of aorta. F. H. WARD, Esq.
- 3205 A. Aneurism of abdominal aorta bursting into pleural cavity.  
 H. LARDER, Esq.
- 3226 A. Intra-cranial aneurism of carotid artery. Dr. A. H. ROBINSON.
- 3271 A. Dilatation of aorta of Ass containing Strongyli. J. B. SUTTON, Esq.
- 3501 A. Thickening of trachea associated with congenital syphilis.  
 R. W. PARKER, Esq.
- 3501 B. Leprosy of larynx. B. RAKE, Esq.
- A 3638 A. Calculus removed by nephro-lithotomy. Recovery. E. OWEN, Esq.
- 3517 A. Syphilitic disease of adrenal. Dr. C. TURNER.
3541. Amyloid degeneration of kidney. S. G. SHATTOCK, Esq.
- 3708 A. Bladder of child containing a calculus partially crushed by lithotrite.  
 Dr. LEWIS MARSHALL.
- 3863 A. Sarcoma of meninges over cerebellum. Dr. A. H. ROBINSON.
- 3886 A. Central glioma of spinal cord. Dr. SHARKEY per S. G. SHATTOCK.
- 3905 A. Re-union of nerve of pes of Horse after neurotomy. J. B. SUTTON, Esq.
- 3972 c. Ossification of choroid. Museum of EDWARD CANTON, Esq.
- 4026 A. Harlequin fœtus. J. B. SUTTON, Esq.
- 4034 A. Hand of Leper with loss of digits. B. RAKE, Esq.
- 4037 A. Spurious elephantiasis of leg of woman, aged 28. She had never been out of England. Per D'ARCY POWER, Esq.
- 4047 B & c. Anthrax pustules excised with success. T. BRYANT, Esq.
- 4077 A. Papillomata on feet of Starling. A. P. HOSKINS, Esq.
- 4052 A. Sebaceous cyst with calcification of its contents.
- 4140 A. Congenital hydrocele. With preceding by F. S. EVE, Esq.

## No. in Catal.

## Donors.

- 4178 A. Cystic dilatation of testes of a Lamb. The central bands are the remains of the gland-substance. J. B. SUTTON, Esq.
- 4203 B. Tuberculous disease of epididymis and testis. C. STONHAM, Esq.
- 4203 C. The same, with disseminated tubercle in testis. F. TREVES, Esq.
- 4269 A. Tuberculous disease of epididymis. C. STONHAM, Esq.
- 4292 A. Tumour of spermatic cord, probably tuberculous. F. S. EDWARDS, Esq.
- 4368 A. Calculus encysted in prostatic urethra. E. H. FENWICK, Esq.
- 4466 A. Epithelioma of penis. — FRENCH, Esq.
- 4485 A. Cyst in ovaries of fœtuses.
- 4486 B. Cystic ovaries of Tiger.
- 4488 A. Multilocular cystic disease of ovaries of Ass.
- 4488 C. Corpora lutea cysts in ovaries of Cows.
- With three preceding by J. B. SUTTON, Esq.
- 4498 C. Unilocular ovarian cyst with papillary intra-cystic growths. Sir T. SPENCER WELLS, Bart.
- 4506 A. Small dermoid cyst in ovary. F. TREVES, Esq.
- 4531 B. Fibro-sarcoma of ovary of Mare. J. B. SUTTON, Esq.
- 4550 C. Ovarian cyst separated by twisting of its pedicle and adherent only to omentum. Dr. G. G. BANTOCK *per* A. DORAN, Esq.
- 4560 A. Silk ligatures covered with phosphatic concretions. They were applied to the pedicle of an ovarian tumour, and were subsequently discharged with the contents of an abscess into the urinary bladder.
- Dr. H. THOMPSON of Rome.
- A 4563. Supernumerary fallopian ostium. A. DORAN, Esq.
- 4574 C. Hydro-salpinx in a Sow.
- 4583 B. Broad ligament cysts from Sows. With preceding by J. B. SUTTON, Esq.
- 4598 A. Anterior peri-metritis. *Per* Dr. ARCY POWER, Esq.
- 4672 A. Colloid cancer of uterus. R. WILLIAMS, Esq.
- 4675 A. Cysts of Gärtner's duct in a Cow, with ducts dissected. J. B. SUTTON, Esq.
- 4699 A. Extra-uterine foetation, probably tubal, with separation of cyst from uterus by twisting of pedicle. Dr. HEYWOOD SMITH.
- 4709 A. Missed abortion, with cystic membranes enclosing a minute fœtus.
- A. DORAN, Esq.
- 4724 A. Obstructed delivery in a rickety Monkey. J. B. SUTTON, Esq.
- 4879 A. Fibro-neuroma of stump of leg. F. TREVES, Esq.

## CASTS.

- Four casts of hands deformed by osteo-arthritis and gout. Dr. A. H. ROBINSON.

## CALCULI.

- Cf 19. Cast of a calculus, which weighed  $24\frac{1}{2}$  oz.; it was removed by the supra-pubic operation. T. SMITH, Esq., *per* D'ARCY POWER, Esq.
- H 77. A fusible calculus, weighing  $22\frac{1}{2}$  oz., which was removed by the supra-pubic operation. W. RIVINGTON, Esq.
- Large calculus removed successfully through the perineum.
- G. CLEGHORN, Esq.
- L 1. Calculus, with a transverse diameter of  $1\frac{7}{8}$  inches, which was expelled spontaneously from the bladder of a girl. Dr. J. B. DICKINSON.
8. Intestinal calculus with a plum-stone for its nucleus. E. H. FENWICK, Esq.

## DRAWINGS AND PHOTOGRAPHS.

No. in Catal.

Congenital cyst of perineum.

Pendulous fibroma, weighing 6 lb.; removed from hip.

Photograph of ligatures coated with phosphates. They were applied to the pedicle of an ovarian tumour, and were subsequently discharged into the bladder.

Dr. H. THOMPSON of Rome.

Donors.

G. R. TURNER, Esq.

Dr. LEDIARD.

## TERATOLOGICAL SERIES.

246 B. A Trout with absence of the tail and posterior portion of the axis.

R. R. PORTMADOC, Esq.

A 256. Spinal column of a Sole with arrest of growth of twelve post-anal vertebrae.

C. STEWART, Esq.

A 265. Atlas with incomplete closure of the dorsal laminæ.

W. T. CLEGG, Esq.

A 256 A. Dorsal vertebra with non-union of the laminæ.

S. G. SHATTOCK, Esq.

276 c. Spina bifida with a process of bone projecting backwards from the spinal column into the sac and dividing the cord.

R. W. PARKER, Esq.

281 c. Skull of a Calf with a large opening in the supraoccipital bone through which a large meningocele protruded.

J. B. SUTTON, Esq.

292 c. Anencephalous foetus with partial ossification of vertex.

Per A. DORAN, Esq.

307 A. Supernumerary digits of hands of a Gibbon.

J. B. SUTTON, Esq.

313 A. Astragali with additional centres of ossification.

J. B. SHATTOCK, Esq.

334 A. Malformed lower extremity of a child amputated just below the knee. The bones of the leg and foot are represented by masses of cartilage and a single digit only is developed.

WM. ADAMS, Esq.

388 E. A heart with persistent left superior vena cava.

Examination subject.

419 A. Absence of one kidney in a Pheasant.

J. B. SUTTON, Esq.

## PHYSIOLOGICAL SERIES.

## ORGANS OF MOTION, &amp;c.

61 A. Leg of Crab (*Cancer pagurus*): strength and variety of motion is attained by the joints being hinges, the fulera of neighbouring joints (indicated by crosses) being in opposite planes.

Purchased.

64 c g. Dissection showing parts concerned in left inguinal hernia. (Human.)

64 m a. Right upper limb of *Macacus maurus*.

J. ABRAHAM, Esq.

64 m b. Right posterior limb of *Macacus maurus*.

J. ABRAHAM, Esq.

64 m c. Head of *Simia satyrus*; muscles of left side displayed.

C. DENT, Esq.

64 m d. Right and portion of left anterior limb of *S. satyrus*.

C. DENT, Esq.

64 m e. Right posterior limb of *S. satyrus*, showing superficial muscles.

C. DENT, Esq.

64 m f. Left posterior limb of *S. satyrus*, showing deep muscles.

C. DENT, Esq.

257 A. One mid-dorsal and two last dorsal vertebrae, also articular ends of two mid-dorsal ribs, showing ligament uniting their heads. From *Phoca vitulina*, seven days old.

ZOOLOGICAL SOCIETY.

279 A. An Actinian (*Minyas*) in longitudinal section. The disk, which in most Actiniae is used for attachment, here has its border contracted so as to

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Donors.

form a chamber whose walls secrete a loose and froth-like horny structure, most dense in texture at its lower part, the gas in which acts as a float maintaining the animal at the surface of the water.

Stores.

- 282 s a. Left hand and foot of *Macacus maurus*. J. ABRAHAM, Esq.  
 283 A. Right hand and foot of *Macropus bennettii*. J. ABRAHAM, Esq.  
 283 B. Right hand and foot, with the extremity of the tail, of *Phalangista vulpina*. J. ABRAHAM, Esq.  
 288 s. A Sponge (*Hymeniacion suberea*) has invested and completely absorbed the shell of a Gasteropod, but retained its form. Purchased.

#### ORGANS OF DIGESTION.

- 396 B. Mouths of two specimens of *Petromyzon marinus*, one open and one closed. Purchased.  
 443 A a. *Amphioxus lanceolatus*, showing the various parts of the alimentary canal. A red bristle has been passed through the mouth and protrudes where a portion of the right side of the respiratory pharynx has been removed. A green bristle has been passed through the anus into the liver, which may be seen as a simple blind diverticulum, arising just behind the pharynx and extending forwards on the right side of the pharynx for two thirds of its length. The liver has a thin layer of skin adherent to it, and is bathed on all sides by the water in the branchial chamber. Purchased.  
 535 B h. Stomach and duodenum of *Ateles melanochir*. J. ABRAHAM, Esq.  
 535 c a. Stomach of *Lemur catta*. J. ABRAHAM, Esq.  
 553 A g. Pyloric end of stomach and duodenum of *Macropus bennettii*. J. ABRAHAM, Esq.  
 553 A h. Stomach of *Phalangista vulpina*. J. ABRAHAM, Esq.  
 723 o. Cæcum &c. of *Herpestes griseus*. J. ABRAHAM, Esq.  
 725 B d. Cæcum of *Lemur catta*. J. ABRAHAM, Esq.  
 725 B e. Cæcum of *Ateles melanochir*. J. ABRAHAM, Esq.  
 726 E a a. Cæcum of *Macropus bennettii*. J. ABRAHAM, Esq.  
 789 A. Liver and gall-bladder of *Myxine glutinosa*. The liver consists of two lobes; from each a duct passes to the gall-bladder, and one from the latter to the intestine. C. STEWART, Esq.  
 836 R. Spleen of *Ateles melanochir*. J. ABRAHAM, Esq.  
 838 A a. Spleen of *Macropus bennettii*. J. ABRAHAM, Esq.  
 838 A b. Spleen of *Phalangista vulpina*. J. ABRAHAM, Esq.

#### ORGANS OF CIRCULATION.

- 929 A b. Blood-vessels and nerves in relation with the heart. (Human.)  
 939 o. Arteries of left orbit. (Human.)  
 939 R. Deep dissection of gluteal region of right side. (Human.)  
 923 c c. Heart and branches of aortic arch of *Macropus bennettii*. J. ABRAHAM, Esq.  
 923 c d. Heart, with branches of aortic arch, of *Phalangista vulpina*. J. ABRAHAM, Esq.  
 928 P a. Heart, with branches of aortic arch, of *Ateles melanochir*. J. ABRAHAM, Esq.  
 928 R a. Aortic arch and its branches of *Simia satyrus*. C. DENT, Esq.



## RESPIRATORY AND SOUND-PRODUCING ORGANS.

No. in Catal.

Donors.

- 1021 A. Anterior region of *Myxine glutinosa*. A green glass rod has been passed through the external nasal opening into the pharynx. Red glass into the alimentary canal. The latter shows six pairs of respiratory pouches, the ducts of which on each side open by a common orifice indicated by blue glass. On the left side a special passage from the œsophagus opens externally at the same point as the respiratory orifice. The heart and aortic arches are also shown. C. STEWART, Esq.
- 1156 H. *Alpheus megacheles*: it produces a sound like glass breaking by suddenly closing its left claw. Prof. J. BELL.
- 1156 I. Portion of carapace, with first and second antennæ, of *Palinurus vulgaris*. An oval file-like surface on the second joint of the second pair of antennæ (an arrow points to it) rubs against a smooth surface on the upturned and curved sternum of the first pair. Two tubercles, one above and one below the file (bow), and a soft process behind it, keep the bow firmly pressed against the sternum and guide its movements. The fulcrum of the bow-bearing piece is in the centre of the curve formed by the sternum. The ridges of the bow are in the direction of its motion. Purchased.
- 1156 K. Male *Ocypoda ceratophthalmia*. The propodite of the left large claw bears a file-like ridge, which, rubbed against the fore part of the carapace, produces a stridulating sound. Stores.
- 1156 L. Male and female *Matuta picta*. The propodite of both large claws in each sex has at its upper border two file-like surfaces, used as in the former specimen. Stores.
- 1156 M. Right chelate genital appendage and right half of last tergum of *Sphærotherium*. The appendage has a file-surface (bow), which rubs against a roughened surface on the tergum. Purchased.
- 1156 N. Fore wings of two male and one female *Phasgonura viridissima*. The bow on the under surface of the left wing is drawn rapidly backwards and forwards across a smooth ridge on the upper surface of the left, a transparent membrane behind the latter increasing the sound by resonance. The bow on the right wing rubs against the thorax. In the female this structure is absent. C. STEWART, Esq.
- 1156 O. Fore wings of male *Pseudophyllus*, showing a similar structure, but the resonating membrane is overlapped by a process of the inner border of the wing. Stores.
- 1156 P. *Cystocælia immaculata*. A finely-toothed ridge on the inner surface of each femur rubs against a curved series of ridges on the second abdominal segment. The axis upon which the femur moves is the centre of the curve. The sound is greatly intensified by the air-distended abdomen. BRITISH MUSEUM.
- 1156 Q. A Beetle (*Lomaptera yorkiana*). The borders of the abdomen show on the under surface of the second and third segments a black patch having a fine file-like character, the ridges being directed as radii from the axis of movement of the femora. One leg has been detached; it shows ridges on the tibial end of its femur, which rub against the file-surfaces on the abdomen. Purchased.
- 1156 R. A Cicada, the whole of whose abdomen, except its first segment, has been removed; also the left "lid" and right "drum-cover." Two muscle-



No. in Catal.

Donors.

bundles arise from the first abdominal sternum, and are inserted into the convex drum-membranes of their respective sides ; these membranes, by being alternately pulled in by the muscles and let go, produce sound-waves. The drum-covers reflect the sound to the lid, which again reflects it to the exceedingly thin, transparent, and tensely-stretched "mirror." The latter, in conjunction with the other parts, greatly increases the intensity of the sound by resonance.

F. P. PASCOE, Esq.

1156 s. *Cicada australasiae*. The wings, right drum-cover, and left lid have been removed.

1156 t. *Thopha perulata*, the left lid and portion of right drum-cover being removed. Remarkable for the large size and backward extension of its drum-chambers. The skin forming the drum-cover appears to secrete a white substance such as is often formed by other Hemiptera.

Purchased.

1156 v. *Dundubia mannifera*. Right drum-cover and left lid removed. Although other parts are small, the lids are nearly as long as the abdomen.

W. L. DISTANT, Esq.

## ADRENALS.

1278 a. Adrenals and kidneys of *Phalangista vulpina*.

J. ABRAHAMS, Esq.

## NERVOUS SYSTEM AND ORGANS OF SENSE.

1380 p c. Human lachrymal canals and nasal duct of left side.

1505 a a. Tongue of *Macropus bennettii*.

J. ABRAHAMS, Esq.

1527 a. Longitudinal dorso-ventral section of the head of *Petromyzon marinus*. The unpaired nasal opening on the top of the head leads by a short tube into the olfactory chamber whose surface is amplified by numerous folds. From the floor of the olfactory chamber a blind diverticulum extends backwards above the pharynx, but does not communicate with it. A red glass rod has been passed into that upper division of the alimentary canal along which the food passes. Violet rods are passed from the respiratory diverticulum of the pharynx through the external openings. Where the respiratory region arises from the common canal may be seen the left of two valves which protect its orifice. Purchased.

1559 a a. Auditory sac in right first antenna of *Palinurus vulgaris*. Purchased.

1559 a b. *Hemiacrida*. Tympanic membranes on inner and outer sides of proximal extremities of tibiae of fore legs. Stores.

1559 a c. *Deinacrida heteracantha*. Tympanic membranes on fore legs. Stores.

1559 a d. *Pseudophyllus*. Tympanic membranes, protected by a fold of skin, which leaves two openings on each tibia by which sound-waves enter ; on one side these are indicated by black paper. Stores.

1559 a e. *Rhomalea gigantea*. The fore wings are raised by bristles, which also separate the last thoracic and first abdominal segments ; the latter shows on each side a thin transparent patch of cuticle which serves as a tympanic membrane. Stores.

1559 a f. *Locusta migratoria*. The tympanic membrane, which is protected by being depressed below the surface of the first abdominal segment, is indicated by an arrow ; it faces backwards and outwards. Stores.

1559 c. Head of *Petromyzon marinus*. The brain, spinal cord, olfactory sac, eyes, and ears are exposed. Of the cartilaginous periotic capsules situated

- No. in Catal. Donors.
- by the sides of the medulla, the left has had its upper half removed to show the membranous labyrinth. The right is entire. Purchased.
- 1567 o. *Abramis brama*. The membranous labyrinths, showing the lagena cochleæ to be larger than the sacculus. The sacculi of opposite sides communicated with one another. Purchased.
- 1567 p. Otoliths from right and left labyrinths of *Abramis brama*. Purchased.
- 1567 q. Portion of skull and spinal column of *Abramis brama*, showing the chain of four bones on each side by which the air-bladder is brought into relation with a special prolongation of the membranous labyrinth. The chain of bones on the left side is painted red. Purchased.
- 1567 r. Three first vertebræ, and chains of bones of *Abramis brama*. Purchased.
- 1568 A. Right and left labyrinths of Sturgeon (*Acipenser sturio*), showing large fusiform and nearly free ductus endolymphaticus lying in front of the common canal. Hardly a trace of distinction between sacculus and lagena cochleæ. Auditory nerve small. Purchased.
- 1568 B. Otoliths and otokonion from right and left labyrinths of *Acipenser sturio*. A firm jelly-like mass (represented by blue paint) was attached to the posterior border of the otolith, which was lodged in the sacculus. Purchased.
- 1759 A. Head of Shad (*Clupea alosa*), showing the fatty eyelids which extend partly over the eyes from their anterior and posterior borders, and are most developed during the breeding-season. On the left side black paper has been placed between the eyeball and lids. Purchased.
- 1790 A a. Lachrymal and accessory lachrymal gland. (Human.) H. POWER, Esq.
- 1793 B. Lachrymal ducts and nasal duct *in situ*. (Human.) H. POWER, Esq.
- 1793 c. Portion of eyelids, with lachrymal ducts and nasal duct attached. (Human.)

#### INTEGUMENTARY PARTS.

- 2045 A. Mimicry of a Gorgonia (*Verucella guadalupensis*) by a Starfish (*Hemisteryale pustulata*); the white polypes and orange cœnosarc of the former being closely imitated. Exchange.

#### ORGANS OF GENERATION.

- 2659 A. Left half of a longitudinal dorso-ventral section of *Petromyzon marinus*. The ova are discharged into the abdominal cavity, from which they escape by the abdominal pore, through which a bristle has been passed. A blue glass indicates the ureter. Purchased.
- 2734 K. Female genitalia, bladder, and rectum of *Phalangista vulpina*. J. ABRAHAMS, Esq.
- 2740 E. Female genitalia, bladder, and rectum of *Macropus bennettii*. J. ABRAHAMS, Esq.
- 2794 c. Female genito-urinary organs of *Phoca vitulina*, *in situ*. Stores.
- 2826 A a. Female genitalia with bladder and rectum, from child at birth.

#### FÆTAL AND TRANSITORY ORGANS.

- 3658 B. Human double placenta. J. B. SUTTON, Esq.
- 3728 A. Thymus of *Simia satyrus*. C. DENT, Esq.

## MAMMARY GLANDS.

No. in Catal.

Donors.

- 3765 B a. Pouch, with the muscles of the abdominal walls of *Macropus bennettii*.  
J. ABRAHAMS, Esq.

## DEVELOPMENT.

- 3194 A. Zoœa and megalopa larvæ of a brachyurous Crustacean. Stores.

## ENTOZOA.

- 80 A. Entozoa in the lung of a Python. J. B. SUTTON, Esq.  
80 B. *Pentastomum proteles*, infesting the viscera of *Crossarchus obscurus*.  
J. B. SUTTON, Esq.

## OSTEOLOGICAL SERIES.

- 173 c. Pelvis of an English male. Sir ERASMUS WILSON, LL.D., F.R.S.  
554 A. Articulated skeleton of an adult male Lapp. From an ancient tomb in East  
Finmark. Purchased.  
554 B. Articulated skeleton of an adult female Lapp. From an ancient tomb in  
East Finmark. Purchased.  
681 B. Cranium of a Veddah, ♂. From Ceylon. W. G. ROCKWOOD, M.D.  
711 A. Articulated skeleton of an adult male Japanese. Received in exchange.  
733 A. Skull of a North-Bornean, ♂. C. DENT, Esq.  
1173 A. Skull from New Guinea, ♂. Purchased.  
1173 B. Skull from New Guinea, ♂. Purchased.
- 38 A. Skeleton of adult male Orang (*Simia satyrus*). From North Borneo.  
C. DENT, Esq.  
40 A. Skeleton of adult female Orang (*Simia satyrus*). From North Borneo.  
C. DENT, Esq.  
40 B. Skeleton of a female Orang (*Simia satyrus*), nearly adult. From North  
Borneo. C. DENT, Esq.  
49 A. Skull of young Orang (*Simia satyrus*). From North Borneo.  
C. DENT, Esq.  
141 A & B. Skeleton of Common Macaque Monkey (*Macacus cynomolgus*).  
J. ABRAHAMS, Esq.
- A 150 A. Skull of a Moor Macaque (*Macacus maurus*). J. ABRAHAMS, Esq.  
266 A. Skeleton of a young Ring-tailed Lemur (*Lemur catta*). J. ABRAHAMS, Esq.  
266 B. Skeleton of young Ring-tailed Lemur (*Lemur catta*). J. ABRAHAMS, Esq.  
302 A. Skeleton of Aye-Aye (*Chiromys madagascariensis*). Purchased.  
A 501 a. Articulated skeleton of female Ichneumon (*Herpestes fasciatus*).  
J. ABRAHAMS, Esq.
- 757 a. Hyoid bone of an Indian Badger (*Arctonyx collaris*). ZOOLOGICAL SOCIETY.  
1455 A. Skeleton of Muntjak (*Cervulus muntjac*). From North Borneo.  
C. DENT, Esq.
- 2096 A. Articulated skeleton of a Spanish Ass (*Equus asinus*).  
— SUTHERLAND, Esq.  
2103 A. Naturally articulated skeleton of a foetal Spanish Ass (*Equus asinus*).  
— SUTHERLAND, Esq.

- No. in Catal. Donors.
- 3364 A. Imperfect skeleton of *Gymnura rafflesi*. From North Borneo. C. DENT, Esq.
- 3375 A. Skull of adult *Galeopithecus volans*. From North Borneo. C. DENT, Esq.
- 3731 A. Skull of Bennett's Kangaroo (*Macropus bennettii*), ♀. J. ABRAHAMS, Esq.
- 1146 c. Skeleton of a Razor-billed Auk (*Alca torda*). ZOOLOGICAL SOCIETY.
- 1161 B. Skeleton of a Puffin (*Fratercula arctica*). From Ireland. ZOOLOGICAL SOCIETY.
- 1161 c. Skeleton of a Manx Shearwater (*Puffinus anglorum*). ZOOLOGICAL SOCIETY.
- 1191 D & E. Two skulls of the Albatros (*Diomedea exulans*). From the Pacific Ocean. ALFRED LINGARD, Esq.
- 1282 B. The skeleton of a Common Coot (*Fulica atra*). RICHARD DAVY, Esq.
- 1300 c. Skeleton of a male Knot (*Tringa canutus*). ZOOLOGICAL SOCIETY.
- 1347 B a. Skeleton of a male Golden Plover (*Charadrius pluvialis*). ZOOLOGICAL SOCIETY.
- 1407 F. Skull of a Turkey (*Meleagris gallopavo*). Mr. W. EBBES.
- A 1478 a. Skeleton of a male *Colius capensis* from South Africa. J. ABRAHAMS, Esq.
- 1554 c a. Skeleton of a male Magpie (*Pica rustica*). ZOOLOGICAL SOCIETY.
- 1561 A. Skeleton of a male Crossbill (*Loxia curvirostra*). ZOOLOGICAL SOCIETY.
- 1566 E. Skeleton of a male Brambling (*Fringilla montifringilla*). ZOOLOGICAL SOCIETY.
- 1571 J & K. Skeleton and skull of the Canary (*Serinus canaria*). C. STEWART, Esq.
- 1572 D. Skeleton of *Passer domesticus*. ZOOLOGICAL SOCIETY.
- 1581 P. Skeleton of a male Blackcap (*Silvia atricapilla*). ZOOLOGICAL SOCIETY.
- 1594 B. Skeleton of a male Wheatear (*Saxicola oenanthe*). ZOOLOGICAL SOCIETY.
- 1617 A. Cast of *Archæopteryx macrura*. Purchased.
- 118 A. Facsimile model of *Compsognathus longipes*. Purchased.
- 133 A. Facsimile model of *Pterodactylus kochi*. Purchased.
- 133 B. Facsimile model of *Pterodactylus scolopaciceps*. Purchased.
- 133 C. Facsimile model of *Pterodactylus longirostris*. Purchased.
- 133 D. Facsimile model of head &c. of *Rhamphorhynchus Münsteri*. Purchased.
- 133 E. Facsimile model of head &c. of *R. Münsteri*. Purchased.
- 133 F. Facsimile model of pelvis and tail of *R. Münsteri*. Purchased.
- 133 G. Facsimile model of fore limb of *R. Münsteri*. Purchased.
- 133 H. Facsimile model of entire body of *R. Münsteri*. Purchased.

#### INVERTEBRATE SERIES.

- 49 A. *Gastropteron meckelii*. J. BECK, Esq.
57. *Solecurtus strigillatus*. J. BECK, Esq.
- 68 A. *Ciona intestinalis*. The test of the left side, and also the muscular mantle, except that portion forming the walls of the buccal cavity, have been detached and placed on either side. The dissection shows the alimentary canal with a red glass introduced through the mouth into the large respiratory pharynx; a green glass being passed into the anus. Near the latter are the male and female ducts. The genital glands may be seen between the coils of the intestine. J. BECK, Esq.
- 68 B. Dissections of two specimens of *Phallusia*. One has been removed from its test, and the mantle and wall of the pharynx of the right side



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detached. The walls of its buccal chambers are separated by a bristle. The elongated food-mass turned dorsalwards from its natural position on the right side of the epipharyngeal fold. A red glass is introduced into the orifice of the œsophagus. Red bristles beneath heart, which may be seen as a thin tube in its laid-open pericardium.

The other specimen shows the alimentary canal and genital glands; a red glass being passed through its mouth and the orifice between pharynx and œsophagus, and a green through its anus.

C. STEWART, Esq.

- 68 c. Longitudinal lateral sections of *Phallusia*. The olfactory organ is in front of the ganglion immediately behind the buccal cavity on the dorsal half. The ventral shows the hypopharyngeal groove.

C. STEWART, Esq.

- F 86 A & F 86 B. Specimens of *Dynastes hercules*.

EDMUND OWEN, Esq.

- 125 A. *Peripatus capensis*.

Prof. A. SEDGWICK.

- 125 B. Male *Peripatus capensis*. The nervous system (beneath the ventral cords of which a bristle has been passed). The salivary (silk-glands) and reservoirs, alimentary canal, and genital organs are shown.

Prof. A. SEDGWICK.

198. *Sipunculus nudus*. A red glass introduced into its mouth, a green into anus.

J. BECK, Esq.

- 247 B. *Olindias mülleri*.

Purchased.

- 251 A. *Agalma sarsii*.

J. BECK, Esq.

- 257 A. *Hydractinia echinata*.

Stores.

- 257 B. *Pennaria cavolina*.

Purchased.

- 257 c. *Coryne pusilla*.

C. STEWART, Esq.

## INSTRUMENTS.

- I 57. Sphygmograph.

Mrs. MAHOMET.

- I 58. Facsimile models of various surgical instruments from the collection in the Naples Museum.

- G 221. A silver tube with stopcock, introduced into the bladder above the pubes, and worn permanently for the discharge of urine. Accompanying it are a metal spout, a tape, and leather collar.

E. L. HUSSEY, Esq.

- S 1. Ancient Roman artificial leg made of bronze, iron, and wood. Probable date about 300 B.C.

Purchased.

- S 2. The four artificial limbs worn during fifteen years by Mrs. Robertson of Dundee.

R. HEATHER BIGG, Esq.

C. STEWART,

Conservator.

June 30th, 1886.



# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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## ANNUAL REPORT OF THE CONSERVATOR TO THE MUSEUM COMMITTEE.

(Presented June 30th, 1886.)

### PATHOLOGICAL DEPARTMENT.

DURING the year palpable deficiencies in the Collection have been further supplied; and the additions, it is hoped, will not be found wanting in value, number, or variety. Many illustrations of Comparative Pathology, among them some of much interest, have again been added. A considerable number of duplicate and other specimens have been received from the Curators of the Museums of most of the larger London Hospitals. Advances in Surgery and novel procedures are illustrated by specimens of excision of the pylorus, calculi extracted by the supra-pubic operation from the bladder, and by nephro-lithotomy &c.

The positions of the several series in the Museum have been indicated by printed labels.

Descriptions of the specimens, to the number of some hundreds, added to the Collection during the progress and since the completion of the Catalogue have been prepared by Mr. Eve, the Pathological Curator.

### DEPARTMENT OF COMPARATIVE ANATOMY.

Since the last Annual Report the work of cleaning, re-numbering, and re-arranging the Osteological specimens of the Mammalia other than Man, according to the new Catalogue, has been completed; and labels have been attached to the specimens more prominently displayed.

The most noteworthy additions to the Collection during the year are:—The series of models of Pterosauria made by C. Heitgen of Munich; a large and fine specimen of a Spanish Donkey, presented by Mr. Sutherland. A series of sound-producing organs of Invertebrata has been obtained; it illustrates the chief modifications of these curious organs, of which there was no specimen in the Museum. The examples of organs of hearing in the Invertebrata being found only represented by that which in now known to be the kidney, the deficiency has been supplied by preparations showing some of the chief modifications. A considerable number of Birds' skeletons have been added, in view of a new edition of the Catalogue of Birds. To the special Invertebrate group a specimen of *Peripatus* and another of the same animal dissected, together with some dissections of the Urochorda, form the commencement of preparations by which it is intended to illustrate the general anatomy of type forms.

I have again the pleasure of specially alluding to the dissections made by Mr. W. Pearson with his accustomed skill, those of the Human lachrymal apparatus being of particular interest.

## LIST OF SPECIMENS

ADDED TO THE MUSEUM SINCE THE LAST ANNUAL REPORT.

### PATHOLOGICAL SERIES.

No. in Catalogue.	Donors.
210 B. Perforating ulcer of fore paw of Civet-cat.	
252 A. Cyst projecting from the trachea of an Emu.	
256 D. Small dermoid cyst from region of second branchial fissure of a middle-aged man, who had observed it only ten years.	With preceding by J. B. SUTTON, Esq. F. S. EVE, Esq.
303 A. Multilocular cyst removed from left hypochondrium of a young girl.	Dr. G. G. BANTOCK.
319 A & B. Fatty tumours from the sole of foot and palm of her hand.	
332 A. Symmetrical tumours on wings of a Cockateel.	Per D'ARCY POWER, Esq. J. B. SUTTON, Esq.
347 A. Osteo-chondroma removed from outer surface of thigh; it was unconnected with bone.	W. H. BATTLE, Esq., per S. G. SHATTOCK, Esq.
373 C. Pendulous molluscum fibrosum removed from hip.	Dr. LEDIARD.
A 377 & A 377 a. Sections of an ossifying fibroma from leg of Horse; it was unconnected with the bone.	E. BATT, Esq.
378 A. Myxo-fibroma projecting from behind the gill of a fish.	W. A. HEARNDEN, Esq.
399 B. Adenoma of breast of Lemur.	J. B. SUTTON, Esq.
400 B. Calcified adenoma of skin of back.	
409 A & B. Encapsuled angiomatica from children.	J. MARSHALL, Esq., per C. STONHAM, Esq. F. S. EVE, Esq.



## No. in Catalogue.

## Donors.

- 441 A. Spindle-celled sarcoma of distal phalanx of thumb. ROYES BELL, Esq.  
 453 A. Cyliindroma invading tibia: the second recurrence. J. WOOD, Esq.  
 458 A. Melanotic sarcoma of heel. ST. THOMAS' HOSPITAL.  
 518 A. Tumour of adrenal of a Marmot. J. B. SUTTON, Esq.  
 546 F. Tumour growing from the branch of a Pine. S. G. SHATTOCK, Esq.  
 679 B. Thorax of a rickety Monkey, showing bending of sternum, which presses upon the heart.  
 711 L. The scapulæ, humeri, and femora of a rickety Monkey, showing symmetrical changes in the bones and joints.  
     With preceding by J. B. SUTTON, Esq.  
 854 A. Compound fracture of skull, with a fissure on the opposite side, supposed to have been produced by *contre-coup*.  
 888 A. Fractures of ribs and costal cartilages. F. S. EVE, Esq.  
 945 A. Separation of epiphyses of capitellum and external condyle of humerus. J. WOOD, Esq.  
 955 A. Fracture of lower extremity of radius extending through the articular surface. Examination subject.  
 1043 B. Comminuted fracture of femur extending into knee-joint. DR. LEDIARD.  
 1241 B c & B d. Osteitis deformans. DR. A. H. ROBINSON.  
 1583. Enchondroma of distal phalanx of great toe. F. S. EVE, Esq.  
 1645 B. Sarcoma of a finger, at first simulating gout. J. HUTCHINSON, Esq.  
 1646 B. Multiple sarcoma of bones of lower extremities of the same subject. DR. CHARLEWOOD TURNER.  
 1646 c. Sarcoma of sole of foot, springing from the periosteum of her tarsal bones. Per D'ARCY POWER, Esq.  
 2005 A. Old excision of elbow. DR. PENHALL.  
 2018 B. Repair after MacEwen's operation. A. WILLETT, Esq., per D'ARCY POWER, Esq.  
 2021 A. Old fracture of the atlas of a Tiger.  
 2021 B. Displacement of the atlas of an Ichneumon.  
 2055 A. Portion of spinal column of a Llama affected with osteo-arthritis.  
 2060 A. Spinal column of Python affected with the same disease.  
     With three preceding by J. B. SUTTON, Esq.  
 2177 B. Tartar attached to teeth. Examination subject.  
 2197 A. Follicular cyst of lower jaw of a Porcupine.  
 2197 B. Overgrowth of wall of follicle of displaced tooth in a Goat.  
     With three preceding by J. B. SUTTON, Esq.  
 2231 B. Central fibro-sarcoma of lower jaw. W. S. SAVORY, Esq.  
 2249 B. Encysted epithelial tumour of lower jaw, containing rudimentary dental structures. F. S. EVE, Esq.  
 2257 A. Cancrum oris. STANLEY BOYD, Esq.  
 A 2264. Horny epithelioma of upper lip. SPENCER WATSON, Esq.  
 2266 A. Discoloured papillary growths, described as black-fur on the tongue. DR. LEDIARD.  
 2273 B. Epithelioma of dorsum of tongue which had been ulcerated for twenty years. C. HEATH, Esq.  
 2354 B. Myxo-sarcoma of great omentum. The tumour, which was removed, weighed 8 lbs. Sir T. SPENCER WELLS, Bart.  
 2382 A. Gizzard of Fowl transfixd by pins. Purchased.  
 2386 A. Stomach from a case of carbolic-acid poisoning.  
 2386 B. The duodenum from the same case. Per S. G. SHATTOCK, Esq.

No. in Catal.

Donors.

- A 2427. Pyloric orifice of stomach, which was excised for cancer.
- B 2427. The stomach from the same case, showing the line of suture.  
J. MACCARTHY, Esq.
- A 2456. Amyloid degeneration of intestinal mucous membrane.  
S. G. SHATTOCK, Esq.
- A 2560. Rectum of Tiger dilated by an accumulation of sawdust which the animal had swallowed.  
J. B. SUTTON, Esq.
- 2593 A. Rectum excised for cancer.  
C. HEATH, Esq.
- 2645 A. Herniated intestine encircled by neck of sac: it was reduced *en masse*.  
Dr. LEDIARD.
- 2672 A. Symmetrical congenital inguinal hernia in a Monkey. J. B. SUTTON, Esq.
- 2754 A. Amyloid degeneration of liver.
- 2870 A. Amyloid degeneration of spleen. With preceding by S. G. SHATTOCK, Esq.
- 2918 A. Pericarditis in an Antelope.
- 2920 A. Simple pericarditis in a Monkey.
- 2920 B. Parasitic pericarditis in a Lizard.  
With two preceding by J. B. SUTTON, Esq.
- 2963 A. Lympho-sarcoma of mediastinum projecting into right auricle.  
Per S. G. SHATTOCK, Esq.
- 3011 A. Contraction of mitral valve of Bovine animal. J. B. SUTTON, Esq.
- 3052 A. Wound of carotid artery by a fish-bone which pierces the wall of pharynx; the artery was ligatured.  
W. RIVINGTON, Esq.
- 3058 B. Aneurismal varix of stump originating many years after amputation through popliteal space.  
Dr. A. H. ROBINSON.
- 3084 A. The ligature with which Mr. Asten Key first successfully tied the sub-clavian artery for axillary aneurism.  
T. BRYANT, Esq.
- 3189 A. Multiple aneurisms of arch of aorta.  
F. H. WARD, Esq.
- 3205 A. Aneurism of abdominal aorta bursting into pleural cavity.  
H. LARDER, Esq.
- 3226 A. Intra-cranial aneurism of carotid artery.  
Dr. A. H. ROBINSON.
- 3271 A. Dilatation of aorta of Ass containing Strongyli. J. B. SUTTON, Esq.
- 3501 A. Thickening of trachea associated with congenital syphilis.  
R. W. PARKER, Esq.
- 3501 B. Leprosy of larynx.  
B. RAKE, Esq.
- A 3638 A. Calculus removed by nephro-lithotomy. Recovery. E. OWEN, Esq.
- 3517 A. Syphilitic disease of adrenal.  
Dr. C. TURNER.
3541. Amyloid degeneration of kidney.  
S. G. SHATTOCK, Esq.
- 3708 A. Bladder of child containing a calculus partially crushed by lithotrite.  
Dr. LEWIS MARSHALL.
- 3863 A. Sarcoma of meninges over cerebellum.  
Dr. A. H. ROBINSON.
- 3886 A. Central glioma of spinal cord. Dr. SHARKEY per S. G. SHATTOCK.
- 3905 A. Re-union of nerve of pes of Horse after neurotomy. J. B. SUTTON, Esq.
- 3972 C. Ossification of choroid. Museum of EDWARD CANTON, Esq.
- 4026 A. Harlequin fœtus. J. B. SUTTON, Esq.
- 4034 A. Hand of Leper with loss of digits. B. RAKE, Esq.
- 4037 A. Spurious elephantiasis of leg of woman, aged 28. She had never been out of England.  
Per D'ARCY POWER, Esq.
- 4047 B & C. Anthrax pustules excised with success. T. BRYANT, Esq.
- 4077 A. Papillomata on feet of Starling. A. P. HOSKINS, Esq.
- 4052 A. Sebaceous cyst with calcification of its contents.
- 4140 A. Congenital hydrocele. With preceding by F. S. EVE, Esq.

No. in Catal.

Donors.

- 4178 A. Cystic dilatation of testes of a Lamb. The central bands are the remains of the gland-substance. J. B. SUTTON, Esq.
- 4203 B. Tuberculous disease of epididymis and testis. C. STONHAM, Esq.
- 4203 C. The same, with disseminated tubercle in testis. F. TREVES, Esq.
- 4269 A. Tuberculous disease of epididymis. C. STONHAM, Esq.
- 4292 A. Tumour of spermatic cord, probably tuberculous. F. S. EDWARDS, Esq.
- 4368 A. Calculus encysted in prostatic urethra. E. H. FENWICK, Esq.
- 4466 A. Epithelioma of penis. — FRENCH, Esq.
- 4485 A. Cyst in ovaries of fœtuses.
- 4486 B. Cystic ovaries of Tiger.
- 4488 A. Multilocular cystic disease of ovaries of Ass.
- 4488 C. Corpora lutea cysts in ovaries of Cows.
- With three preceding by J. B. SUTTON, Esq.
- 4498 C. Unilocular ovarian cyst with papillary intra-cystic growths. Sir T. SPENCER WELLS, Bart.
- 4506 A. Small dermoid cyst in ovary. F. TREVES, Esq.
- 4531 B. Fibro-sarcoma of ovary of Mare. J. B. SUTTON, Esq.
- 4550 C. Ovarian cyst separated by twisting of its pedicle and adherent only to omentum. Dr. G. G. BANTOCK *per* A. DORAN, Esq.
- 4560 A. Silk ligatures covered with phosphatic concretions. They were applied to the pedicle of an ovarian tumour, and were subsequently discharged with the contents of an abscess into the urinary bladder.
- Dr. H. THOMPSON of Rome.
- A 4563. Supernumerary fallopian ostium. A. DORAN, Esq.
- 4574 C. Hydro-salpinx in a Sow.
- 4583 B. Broad ligament cysts from Sows. With preceding by J. B. SUTTON, Esq.
- 4598 A. Anterior peri-metritis. *Per* Dr. ARCY POWER, Esq.
- 4672 A. Colloid cancer of uterus. R. WILLIAMS, Esq.
- 4675 A. Cysts of Gärtner's duct in a Cow, with ducts dissected. J. B. SUTTON, Esq.
- 4699 A. Extra-uterine fœtation, probably tubal, with separation of cyst from uterus by twisting of pedicle. Dr. HEYWOOD SMITH.
- 4709 A. Missed abortion, with cystic membranes enclosing a minute fœtus.
- A. DORAN, Esq.
- 4724 A. Obstructed delivery in a rickety Monkey. J. B. SUTTON, Esq.
- 4879 A. Fibro-neuroma of stump of leg. F. TREVES, Esq.

## CASTS.

Four casts of hands deformed by osteo-arthritis and gout. Dr. A. H. ROBINSON.

## CALCULI.

- Cf 19. Cast of a calculus, which weighed  $24\frac{1}{2}$  oz.; it was removed by the supra-pubic operation. T. SMITH, Esq., *per* D'ARCY POWER, Esq.
- H 77. A fusible calculus, weighing  $22\frac{1}{2}$  oz., which was removed by the supra-pubic operation. W. RIVINGTON, Esq.
- Large calculus removed successfully through the perineum.
- G. CLEGHORN, Esq.
- L 1. Calculus, with a transverse diameter of  $1\frac{7}{8}$  inches, which was expelled spontaneously from the bladder of a girl. Dr. J. B. DICKINSON.
- ¶ 8. Intestinal calculus with a plum-stone for its nucleus. E. H. FENWICK, Esq.

## DRAWINGS AND PHOTOGRAPHS.

No. in Catal.

Congenital cyst of perineum.

Pendulous fibroma, weighing 6 lb. ; removed from hip.

Photograph of ligatures coated with phosphates. They were applied to the pedicle of an ovarian tumour, and were subsequently discharged into the bladder.

Dr. H. THOMPSON of Rome.

Donors.

G. R. TURNER, Esq.

Dr. LEDIARD.

## TERATOLOGICAL SERIES.

246 B. A Trout with absence of the tail and posterior portion of the axis.

R. R. PORTMADOC, Esq.

A 256. Spinal column of a Sole with arrest of growth of twelve post-anal vertebrae.

C. STEWART, Esq.

A 265. Atlas with incomplete closure of the dorsal laminae.

W. T. CLEGG, Esq.

A 256 A. Dorsal vertebra with non-union of the laminae.

S. G. SHATTOCK, Esq.

276 c. Spina bifida with a process of bone projecting backwards from the spinal column into the sac and dividing the cord.

R. W. PARKER, Esq.

281 c. Skull of a Calf with a large opening in the supraoccipital bone through which a large meningocele protruded.

J. B. SUTTON, Esq.

292 c. Anencephalous foetus with partial ossification of vertex.

Per A. DORAN, Esq.

307 A. Supernumerary digits of hands of a Gibbon.

J. B. SUTTON, Esq.

313 A. Astragali with additional centres of ossification.

J. B. SHATTOCK, Esq.

334 A. Malformed lower extremity of a child amputated just below the knee. The bones of the leg and foot are represented by masses of cartilage and a single digit only is developed.

WM. ADAMS, Esq.

388 E. A heart with persistent left superior vena cava.

Examination subject.

419 A. Absence of one kidney in a Pheasant.

J. B. SUTTON, Esq.

## PHYSIOLOGICAL SERIES.

## ORGANS OF MOTION, &amp;c.

61 A. Leg of Crab (*Cancer pagurus*): strength and variety of motion is attained by the joints being hinges, the fulera of neighbouring joints (indicated by crosses) being in opposite planes.

Purchased.

64 c g. Dissection showing parts concerned in left inguinal hernia. (Human.)

64 M a. Right upper limb of *Macacus maurus*.

J. ABRAHAMS, Esq.

64 M b. Right posterior limb of *Macacus maurus*.

J. ABRAHAMS, Esq.

64 M c. Head of *Simia satyrus*; muscles of left side displayed.

C. DENT, Esq.

64 M d. Right and portion of left anterior limb of *S. satyrus*.

C. DENT, Esq.

64 M e. Right posterior limb of *S. satyrus*, showing superficial muscles.

C. DENT, Esq.

64 M f. Left posterior limb of *S. satyrus*, showing deep muscles.

C. DENT, Esq.

257 A. One mid-dorsal and two last dorsal vertebrae, also articular ends of two mid-dorsal ribs, showing ligament uniting their heads. From *Phoca vitulina*, seven days old.

ZOOLOGICAL SOCIETY.

279 A. An Actinian (*Minyas*) in longitudinal section. The disk, which in most Actiniæ is used for attachment, here has its border contracted so as to



No. in Catal.

Donors.

form a chamber whose walls secrete a loose and froth-like horny structure, most dense in texture at its lower part, the gas in which acts as a float maintaining the animal at the surface of the water.

Stores.

- 282 s a. Left hand and foot of *Macacus maurus*. J. ABRAHAMS, Esq.  
 283 A. Right hand and foot of *Macropus bennettii*. J. ABRAHAMS, Esq.  
 283 B. Right hand and foot, with the extremity of the tail, of *Phalangista vulpina*. J. ABRAHAMS, Esq.  
 288 s. A Sponge (*Hymeniacion suberea*) has invested and completely absorbed the shell of a Gasteropod, but retained its form. Purchased.

## ORGANS OF DIGESTION.

- 396 B. Mouths of two specimens of *Petromyzon marinus*, one open and one closed. Purchased.  
 443 A a. *Amphioxus lanceolatus*, showing the various parts of the alimentary canal. A red bristle has been passed through the mouth and protrudes where a portion of the right side of the respiratory pharynx has been removed. A green bristle has been passed through the anus into the liver, which may be seen as a simple blind diverticulum, arising just behind the pharynx and extending forwards on the right side of the pharynx for two thirds of its length. The liver has a thin layer of skin adherent to it, and is bathed on all sides by the water in the branchial chamber. Purchased.  
 535 B h. Stomach and duodenum of *Ateles melanochir*. J. ABRAHAMS, Esq.  
 535 C a. Stomach of *Lemur catta*. J. ABRAHAMS, Esq.  
 553 A g. Pyloric end of stomach and duodenum of *Macropus bennettii*. J. ABRAHAMS, Esq.  
 553 A h. Stomach of *Phalangista vulpina*. J. ABRAHAMS, Esq.  
 723 O. Cæcum &c. of *Herpestes griseus*. J. ABRAHAMS, Esq.  
 725 B d. Cæcum of *Lemur catta*. J. ABRAHAMS, Esq.  
 725 B e. Cæcum of *Ateles melanochir*. J. ABRAHAMS, Esq.  
 726 E aa. Cæcum of *Macropus bennettii*. J. ABRAHAMS, Esq.  
 789 A. Liver and gall-bladder of *Myxine glutinosa*. The liver consists of two lobes; from each a duct passes to the gall-bladder, and one from the latter to the intestine. C. STEWART, Esq.  
 836 R. Spleen of *Ateles melanochir*. J. ABRAHAMS, Esq.  
 838 A a. Spleen of *Macropus bennettii*. J. ABRAHAMS, Esq.  
 838 A b. Spleen of *Phalangista vulpina*. J. ABRAHAMS, Esq.

## ORGANS OF CIRCULATION.

- 929 A b. Blood-vessels and nerves in relation with the heart. (Human.)  
 939 O. Arteries of left orbit. (Human.)  
 939 R. Deep dissection of gluteal region of right side. (Human.)  
 923 C c. Heart and branches of aortic arch of *Macropus bennettii*. J. ABRAHAMS, Esq.  
 923 C d. Heart, with branches of aortic arch, of *Phalangista vulpina*. J. ABRAHAMS, Esq.  
 928 R a. Heart, with branches of aortic arch, of *Ateles melanochir*. J. ABRAHAMS, Esq.  
 928 R a. Aortic arch and its branches of *Simia satyrus*. C. DENT, Esq.

## RESPIRATORY AND SOUND-PRODUCING ORGANS.

No. in Catal.

Donors.

- 1021 a. Anterior region of *Myxine glutinosa*. A green glass rod has been passed through the external nasal opening into the pharynx. Red glass into the alimentary canal. The latter shows six pairs of respiratory pouches, the ducts of which on each side open by a common orifice indicated by blue glass. On the left side a special passage from the œsophagus opens externally at the same point as the respiratory orifice. The heart and aortic arches are also shown. C. STEWART, Esq.
- 1156 н. *Alpheus megacheles*: it produces a sound like glass breaking by suddenly closing its left claw. Prof. J. BELL.
- 1156 i. Portion of carapace, with first and second antennæ, of *Palinurus vulgaris*. An oval file-like surface on the second joint of the second pair of antennæ (an arrow points to it) rubs against a smooth surface on the upturned and curved sternum of the first pair. Two tubercles, one above and one below the file (bow), and a soft process behind it, keep the bow firmly pressed against the sternum and guide its movements. The fulcrum of the bow-bearing piece is in the centre of the curve formed by the sternum. The ridges of the bow are in the direction of its motion. Purchased.
- 1156 к. Male *Ocypoda ceratophthalmia*. The propodite of the left large claw bears a file-like ridge, which, rubbed against the fore part of the carapace, produces a stridulating sound. Stores.
- 1156 л. Male and female *Matuta picta*. The propodite of both large claws in each sex has at its upper border two file-like surfaces, used as in the former specimen. Stores.
- 1156 м. Right chelate genital appendage and right half of last tergum of *Sphærotherium*. The appendage has a file-surface (bow), which rubs against a roughened surface on the tergum. Purchased.
- 1156 н. Fore wings of two male and one female *Phasgonura viridissima*. The bow on the under surface of the left wing is drawn rapidly backwards and forwards across a smooth ridge on the upper surface of the left, a transparent membrane behind the latter increasing the sound by resonance. The bow on the right wing rubs against the thorax. In the female this structure is absent. C. STEWART, Esq.
- 1156 о. Fore wings of male *Pseudophyllus*, showing a similar structure, but the resonating membrane is overlapped by a process of the inner border of the wing. Stores.
- 1156 р. *Cystocælia immaculata*. A finely-toothed ridge on the inner surface of each femur rubs against a curved series of ridges on the second abdominal segment. The axis upon which the femur moves is the centre of the curve. The sound is greatly intensified by the air-distended abdomen. BRITISH MUSEUM.
- 1156 q. A Beetle (*Lomaptera yorkiana*). The borders of the abdomen show on the under surface of the second and third segments a black patch having a fine file-like character, the ridges being directed as radii from the axis of movement of the femora. One leg has been detached; it shows ridges on the tibial end of its femur, which rub against the file-surfaces on the abdomen. Purchased.
- 1156 r. A Cicada, the whole of whose abdomen, except its first segment, has been removed; also the left "lid" and right "drum-cover." Two muscle-

No. in Catal.

Donors.

bundles arise from the first abdominal sternum, and are inserted into the convex drum-membranes of their respective sides ; these membranes, by being alternately pulled in by the muscles and let go, produce sound-waves. The drum-covers reflect the sound to the lid, which again reflects it to the exceedingly thin, transparent, and tensely-stretched "mirror." The latter, in conjunction with the other parts, greatly increases the intensity of the sound by resonance. F. P. PASCOE, Esq.

- 1156 s. *Cicada australasice*. The wings, right drum-cover, and left lid have been removed.
- 1156 t. *Thopha perulata*, the left lid and portion of right drum-cover being removed. Remarkable for the large size and backward extension of its drum-chambers. The skin forming the drum-cover appears to secrete a white substance such as is often formed by other Hemiptera.

Purchased.

- 1156 u. *Dundubia mannifera*. Right drum-cover and left lid removed. Although other parts are small, the lids are nearly as long as the abdomen.

W. L. DISTANT, Esq.

## ADRENALS.

- 1278 A. Adrenals and kidneys of *Phalangista vulpina*.

J. ABRAHAMS, Esq.

## NERVOUS SYSTEM AND ORGANS OF SENSE.

- 1380 P c. Human lachrymal canals and nasal duct of left side.

- 1505 A a. Tongue of *Macropus bennettii*.

J. ABRAHAMS, Esq.

- 1527 A. Longitudinal dorso-ventral section of the head of *Petromyzon marinus*. The unpaired nasal opening on the top of the head leads by a short tube into the olfactory chamber whose surface is amplified by numerous folds. From the floor of the olfactory chamber a blind diverticulum extends backwards above the pharynx, but does not communicate with it. A red glass rod has been passed into that upper division of the alimentary canal along which the food passes. Violet rods are passed from the respiratory diverticulum of the pharynx through the external openings. Where the respiratory region arises from the common canal may be seen the left of two valves which protect its orifice. Purchased.

- 1559 A a. Auditory sac in right first antenna of *Palinurus vulgaris*. Purchased.

- 1559 A b. *Hemiaerida*. Tympanic membranes on inner and outer sides of proximal extremities of tibiæ of fore legs. Stores.

- 1559 A c. *Deinacrida heteracantha*. Tympanic membranes on fore legs. Stores.

- 1559 A d. *Pseudophyllus*. Tympanic membranes, protected by a fold of skin, which leaves two openings on each tibia by which sound-waves enter ; on one side these are indicated by black paper. Stores.

- 1559 A e. *Rhomalea gigantea*. The fore wings are raised by bristles, which also separate the last thoracic and first abdominal segments ; the latter shows on each side a thin transparent patch of cuticle which serves as a tympanic membrane. Stores.

- 1559 A f. *Locusta migratoria*. The tympanic membrane, which is protected by being depressed below the surface of the first abdominal segment, is indicated by an arrow ; it faces backwards and outwards. Stores.

- 1559 c. Head of *Petromyzon marinus*. The brain, spinal cord, olfactory sac, eyes, and ears are exposed. Of the cartilaginous periotic capsules situated

No. in Catal.

Donors.

- by the sides of the medulla, the left has had its upper half removed to show the membranous labyrinth. The right is entire. Purchased.
- 1567 o. *Abramis brama*. The membranous labyrinths, showing the lagena cochleæ to be larger than the sacculus. The sacculi of opposite sides communicated with one another. Purchased.
- 1567 p. Otoliths from right and left labyrinths of *Abramis brama*. Purchased.
- 1567 q. Portion of skull and spinal column of *Abramis brama*, showing the chain of four bones on each side by which the air-bladder is brought into relation with a special prolongation of the membranous labyrinth. The chain of bones on the left side is painted red. Purchased.
- 1567 R. Three first vertebræ, and chains of bones of *Abramis brama*. Purchased.
- 1568 A. Right and left labyrinths of Sturgeon (*Acipenser sturio*), showing large fusiform and nearly free ductus endolymphaticus lying in front of the common canal. Hardly a trace of distinction between sacculus and lagena cochleæ. Auditory nerve small. Purchased.
- 1568 B. Otoliths and otokonias from right and left labyrinths of *Acipenser sturio*. A firm jelly-like mass (represented by blue paint) was attached to the posterior border of the otolith, which was lodged in the sacculus. Purchased.
- 1759 A. Head of Shad (*Clupea alosa*), showing the fatty eyelids which extend partly over the eyes from their anterior and posterior borders, and are most developed during the breeding-season. On the left side black paper has been placed between the eyeball and lids. Purchased.
- 1790 A a. Lachrymal and accessory lachrymal gland. (Human.) H. POWER, Esq.
- 1793 B. Lachrymal ducts and nasal duct <sup>1</sup>/<sub>2</sub> *in situ*. (Human.) H. POWER, Esq.
- 1793 C. Portion of eyelids, with lachrymal ducts and nasal duct attached. (Human.)

#### INTEGUMENTARY PARTS.

- 2045 A. Mimicry of a Gorgonia (*Verucella gadalupensis*) by a Starfish (*Hemisteryale pustulata*); the white polypes and orange cœnosarc of the former being closely imitated. Exchange.

#### ORGANS OF GENERATION.

- 2659 A. Left half of a longitudinal dorso-ventral section of *Petromyzon marinus*. The ova are discharged into the abdominal cavity, from which they escape by the abdominal pore, through which a bristle has been passed. A blue glass indicates the ureter. Purchased.
- 2734 K. Female genitalia, bladder, and rectum of *Phalangista vulpina*. J. ABRAHAM, Esq.
- 2740 E. Female genitalia, bladder, and rectum of *Macropus bennettii*. J. ABRAHAM, Esq.
- 2794 C. Female genito-urinary organs of *Phoca vitulina*, *in situ*. Stores.
- 2826 A a. Female genitalia with bladder and rectum, from child at birth.

#### FÆTAL AND TRANSITORY ORGANS.

- 3658 B. Human double placenta. J. B. SUTTON, Esq.
- 3728 A. Thymus of *Simia satyrus*. C. DENT, Esq.



## MAMMARY GLANDS.

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Donors.

3765 B a. Pouch, with the muscles of the abdominal walls of *Macropus bennettii*.

J. ABRAHAMS, Esq.

## DEVELOPMENT.

3194 A. Zoëa and megalopa larvæ of a brachyurous Crustacean.

Stores.

## ENTOZOA.

80 A. Entozoa in the lung of a Python.

J. B. SUTTON, Esq.

80 B. *Pentastomum proteles*, infesting the viscera of *Crossarchus obscurus*.

J. B. SUTTON, Esq.

## OSTEOLOGICAL SERIES.

173 c. Pelvis of an English male.

Sir ERASMUS WILSON, LL.D., F.R.S.

554 A. Articulated skeleton of an adult male Lapp. From an ancient tomb in East Finmark.

Purchased.

554 B. Articulated skeleton of an adult female Lapp. From an ancient tomb in East Finmark.

Purchased.

681 B. Cranium of a Veddah, ♂. From Ceylon.

W. G. ROCKWOOD, M.D.

711 A. Articulated skeleton of an adult male Japanese.

Received in exchange.

733 A. Skull of a North-Bornean, ♂.

C. DENT, Esq.

1173 A. Skull from New Guinea, ♂.

Purchased.

1173 B. Skull from New Guinea, ♂.

Purchased.

38 A. Skeleton of adult male Orang (*Simia satyrus*). From North Borneo.

C. DENT, Esq.

40 A. Skeleton of adult female Orang (*Simia satyrus*). From North Borneo.

C. DENT, Esq.

40 B. Skeleton of a female Orang (*Simia satyrus*), nearly adult. From North Borneo.

C. DENT, Esq.

49 A. Skull of young Orang (*Simia satyrus*). From North Borneo.

C. DENT, Esq.

141 A & B. Skeleton of Common Macaque Monkey (*Macacus cynomolgus*).

J. ABRAHAMS, Esq.

A 150 A. Skull of a Moor Macaque (*Macacus maurus*).

J. ABRAHAMS, Esq.

266 A. Skeleton of a young Ring-tailed Lemur (*Lemur catta*).

J. ABRAHAMS, Esq.

266 B. Skeleton of young Ring-tailed Lemur (*Lemur catta*).

J. ABRAHAMS, Esq.

302 A. Skeleton of Aye-Aye (*Chiromys madagascariensis*).

Purchased.

A 501 a. Articulated skeleton of female Ichneumon (*Herpestes fasciatus*).

J. ABRAHAMS, Esq.

757 a. Hyoid bone of an Indian Badger (*Arctonyx collaris*).

ZOOLOGICAL SOCIETY.

1455 A. Skeleton of Muntjak (*Cervulus muntjac*). From North Borneo.

C. DENT, Esq.

2096 A. Articulated skeleton of a Spanish Ass (*Equus asinus*).

— SUTHERLAND, Esq.

2103 A. Naturally articulated skeleton of a foetal Spanish Ass (*Equus asinus*).

— SUTHERLAND, Esq.

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- 3364 A. Imperfect skeleton of *Gymnura rafflesii*. From North Borneo. C. DENT, Esq.
- 3375 A. Skull of adult *Galeopithecus volans*. From North Borneo. C. DENT, Esq.
- 3731 A. Skull of Bennett's Kangaroo (*Macropus bennettii*), ♀. J. ABRAHAM, Esq.
- 1146 C. Skeleton of a Razor-billed Auk (*Alca torda*). ZOOLOGICAL SOCIETY.
- 1161 B. Skeleton of a Puffin (*Fratercula arctica*). From Ireland. ZOOLOGICAL SOCIETY.
- 1161 C. Skeleton of a Manx Shearwater (*Puffinus anglorum*). ZOOLOGICAL SOCIETY.
- 1191 D & E. Two skulls of the Albatros (*Diomedea exulans*). From the Pacific Ocean. ALFRED LINGARD, Esq.
- 1282 B. The skeleton of a Common Coot (*Fulica atra*). RICHARD DAVY, Esq.
- 1300 C. Skeleton of a male Knot (*Tringa canutus*). ZOOLOGICAL SOCIETY.
- 1347 B A. Skeleton of a male Golden Plover (*Charadrius pluvialis*). ZOOLOGICAL SOCIETY.
- 1407 F. Skull of a Turkey (*Meleagris gallopavo*). MR. W. EBBS.
- A 1478 A. Skeleton of a male *Colius capensis* from South Africa. J. ABRAHAM, Esq.
- 1554 C A. Skeleton of a male Magpie (*Pica rustica*). ZOOLOGICAL SOCIETY.
- 1561 A. Skeleton of a male Crossbill (*Loxia curvirostra*). ZOOLOGICAL SOCIETY.
- 1566 E. Skeleton of a male Brambling (*Fringilla montifringilla*). ZOOLOGICAL SOCIETY.
- 1571 J & K. Skeleton and skull of the Canary (*Serinus canaria*). C. STEWART, Esq.
- 1572 D. Skeleton of *Passer domesticus*. ZOOLOGICAL SOCIETY.
- 1581 P. Skeleton of a male Blackcap (*Silvia atricapilla*). ZOOLOGICAL SOCIETY.
- 1594 B. Skeleton of a male Wheatear (*Saxicola oenanthe*). ZOOLOGICAL SOCIETY.
- 1617 A. Cast of *Archæopteryx macrura*. Purchased.
- 118 A. Facsimile model of *Compsognathus longipes*. Purchased.
- 133 A. Facsimile model of *Pterodactylus kochi*. Purchased.
- 133 B. Facsimile model of *Pterodactylus scolopaciceps*. Purchased.
- 133 C. Facsimile model of *Pterodactylus longirostris*. Purchased.
- 133 D. Facsimile model of head &c. of *Rhamphorhynchus münsteri*. Purchased.
- 133 E. Facsimile model of head &c. of *R. münsteri*. Purchased.
- 133 F. Facsimile model of pelvis and tail of *R. münsteri*. Purchased.
- 133 G. Facsimile model of fore limb of *R. münsteri*. Purchased.
- 133 H. Facsimile model of entire body of *R. münsteri*. Purchased.

## INVERTEBRATE SERIES.

- 49 A. *Gastropteron meckelii*. J. BECK, Esq.
57. *Solecurtus strigillatus*. J. BECK, Esq.
- 68 A. *Ciona intestinalis*. The test of the left side, and also the muscular mantle, except that portion forming the walls of the buccal cavity, have been detached and placed on either side. The dissection shows the alimentary canal with a red glass introduced through the mouth into the large respiratory pharynx; a green glass being passed into the anus. Near the latter are the male and female ducts. The genital glands may be seen between the coils of the intestine. J. BECK, Esq.
- 68 B. Dissections of two specimens of *Phallusia*. One has been removed from its test, and the mantle and wall of the pharynx of the right side

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detached. The walls of its buccal chambers are separated by a bristle. The elongated food-mass turned dorsalwards from its natural position on the right side of the epipharyngeal fold. A red glass is introduced into the orifice of the œsophagus. Red bristles beneath heart, which may be seen as a thin tube in its laid-open pericardium.

The other specimen shows the alimentary canal and genital glands; a red glass being passed through its mouth and the orifice between pharynx and œsophagus, and a green through its anus.

C. STEWART, Esq.

- 68 c. Longitudinal lateral sections of *Phallusia*. The olfactory organ is in front of the ganglion immediately behind the buccal cavity on the dorsal half. The ventral shows the hypopharyngeal groove.

C. STEWART, Esq.

- F 86 A & F 86 B. Specimens of *Dynastes hercules*.

EDMUND OWEN, Esq.

- 125 A. *Peripatus capensis*.

Prof. A. SEDGWICK.

- 125 B. Male *Peripatus capensis*. The nervous system (beneath the ventral cords of which a bristle has been passed). The salivary (silk-glands) and reservoirs, alimentary canal, and genital organs are shown.

Prof. A. SEDGWICK.

198. *Sipunculus nudus*. A red glass introduced into its mouth, a green into anus.

J. BECK, Esq.

- 247 B. *Olindias mülleri*.

Purchased.

- 251 A. *Agalma sarsii*.

J. BECK, Esq.

- 257 A. *Hydractinia echinata*.

Stores.

- 257 B. *Pennaria cavolina*.

Purchased.

- 257 c. *Coryne pusilla*.

C. STEWART, Esq.

## INSTRUMENTS.

- I 57. Sphygmograph.

MRS. MAHOMET.

- I 58. Facsimile models of various surgical instruments from the collection in the Naples Museum.

- G 221. A silver tube with stopcock, introduced into the bladder above the pubes, and worn permanently for the discharge of urine. Accompanying it are a metal spout, a tape, and leather collar.

E. L. HUSSEY, Esq.

- S 1. Ancient Roman artificial leg made of bronze, iron, and wood. Probable date about 300 B.C.

Purchased.

- S 2. The four artificial limbs worn during fifteen years by Mrs. Robertson of Dundee.

R. HEATHER BIGG, Esq.

C. STEWART,

Conservator.

June 30th, 1886.



























